

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089805

1. Entity Name

MAVERICK MEDIA SOUTH AMERICA, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90161 027 ***150.00

Principal Place of Business 6910 CONATY ROAD SUITE 660 TAMPA FL 33634 US	Mailing Address PO BOX 15266 TAMPA FL 33684-5266 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3445972		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GILBERT, JONATHAN C. 101 E. KENNEDY BLVD. SUITE 3700 TAMPA FL 33602	7. Name and Address of New Registered Agent Name <u>Bateman, Rick J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6910 Conaty Road</u> City <u>Tampa</u> FL <u>33634</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] DATE 2-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME BATEMAN, RICK J STREET ADDRESS 2410 SUNSET DR CITY-ST-ZIP TAMPA FL 33629		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DST STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Manter, Gil STREET ADDRESS 13334 Moran Drive CITY-ST-ZIP Tampa, FL 33618	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Gallup, Harold STREET ADDRESS 1507 S. Desota Ave. CITY-ST-ZIP Tampa, FL 33604	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bushway, Duane STREET ADDRESS 1375 Pine Street, SW CITY-ST-ZIP Largo, FL 33770	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Benetiz, Ricardo STREET ADDRESS Directorio 1375 CITY-ST-ZIP Portuquitas 1667 Buenos Aires, Argentina	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Maggiara, Norberto STREET ADDRESS 411 S. Paloma Place CITY-ST-ZIP Tampa, FL 33609	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
Date

(813) 8800317
Daytime Phone #

CR2E034 (9/99)