

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0240287 AV

DOCUMENT # P96000094943

1. Entity Name
CLAXSON USA, INC.



APPROVED
AND
FILED

03 SEP 10 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
404 WASHINGTON AVE
8TH FLOOR
MIAMI BEACH FL 33139
US

Mailing Address
404 WASHINGTON AVE
8TH FLOOR
MIAMI BEACH FL 33139
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0712864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIZTOY, AMAYA
CLAXSON USA INC. (LEGAL DEPT)
404 WASHINGTON AVE 8TH FL
PLANTATION FL 33324

Name *Et Corporation System*
Street Address (P.O. Box Numbers Not Acceptable) *1200 S. Pine Island Rd.*
Plantation
City *FL* Zip Code *33324*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable

James A. Bordonaro
Assistant Secretary

(NOTE: If the signature is typed, the name must be typed.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT
NAME GARCIA, RICHARD ☒ Delete
STREET ADDRESS 404 WASHINGTON AVE 8TH FLOOR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DT
NAME PAZ, EZEQUIEL ☒ Change ☐ Addition
STREET ADDRESS 404 Washington Ave. 8th Floor
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DP
NAME HAIK, RALPH ☐ Delete
STREET ADDRESS 404 WASHINGTON AVE 8TH FLOOR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HAIK, RALPH ☒ Delete
STREET ADDRESS 404 WASHINGTON AVE 8TH FLOOR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME 800022929538
STREET ADDRESS 09/10/03--01052--001 **550.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ARIZTOY, AMAYA ☐ Delete
STREET ADDRESS 404 WASHINGTON AVE 8TH FL
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)