2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100961

1. Entity Name

SPANISH FILMS DISTRIBUTORS, INC.

FILED

02 MAY -8 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address
1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

2. Principal Place of Business
1200 Brickell Ave
Suite, Apt. #, etc.
Suite 900
City & State
Miami, Florida
Zip 33131
Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Numbe 65-0758501
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name AGI Registered Agents, Inc
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Ave. Suite 900
City Miami FL Zip Code 33131

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 President
Signature (typed or printed) name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
4/30/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPST
NAME Arrigunaga, Lascurain
STREET ADDRESS 1200 Brickell Ave., Suite 900
CITY-ST-ZIP Miami, Fl. 33131
☒ Delete

TITLE DPST
NAME Maria, Gabriela
STREET ADDRESS 1200 Brickell Ave., Suite 900
CITY-ST-ZIP Miami, Fl. 33131
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800005574778--8
-05/20/02--01063--009
****750.00 ****150.00

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

TITLE DPST
NAME Rodrigues Covo, Rosaura
STREET ADDRESS 1200 Brickell Ave., Suite 900
CITY-ST-ZIP Miami, Fl. 33131
☐ Change ☒ Addition

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

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

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

13. I hereby certify that the information indicated on this report or supplemental report filed pursuant to Section 607.0122, Florida Statutes, is true and accurate and that my signature shall constitute my affirmation under the penalties of perjury 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 attached amendment, with all other filings required.

SIGNATURE: Atty in fact
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR
4/30/02