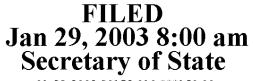
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000054572 1. Entity Name L P R COMMUNICATIONS, INC.

**SIGNATURE:** 



01-29-2003 90172 010 \*\*\*150.00

Daytime Phone #

				250.11				
Principal Place 2457 COLLINS SUITE 701 MIAMI BEACH		2457 SUITI	Mailing Address 2457 COLLINS AVENUE SUITE 701 MIAMI BEACH FL 33140					
2. Principal Place of Business			iling Address			<b>       </b>	10010 1101 1801	
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	re	City	City & State		4. FEI Number 65-0787212 Applied For Not Applicable			
Zip	Country	Zip		Country	5. Certificate of Status Desired	¢9.75 A	dditional	
	6. Name and Addr	ess of Current Register	ed Agent		7. Name and Address of New Regis	tered Agent		
LAW OFFICES OF HUGO E DORTA P.A.  501 BRICKELL KEY DRIVE  3RD FLOOR  MIAMI FL 33131				Name Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI PL 33131				City		FL   Zip Co	de	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  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 Financia Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees	
10.	<del></del>	OFFICERS AND DIRECTO		11.	ADDITIONS/CHANGES TO OFFICER		RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LILIAM M 2457 COLLINS AVE MIAMI BEACH FL 3		☐ 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	
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	w.		☐ 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.								