

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

097000058953

1. Entity Name

SPORTS BROADCASTING PARTNERSHIP

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90143 010 \*\*\*150.00

Principal Place of Business

Mailing Address

8323 N.W. 12 ST. #204  
MIAMI-FL. 33126

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MIAMI-FL. 33126

00000001

2. Principal Place of Business

3. Mailing Address

8323 N.W. 12 ST. 204  
Suite, #, etc. 204

8323 N.W. 12 ST.  
Suite, Apt. #, etc. 204

City & State  
MIAMI-FL

City & State  
MIAMI-FL

Zip 33126 Country U.S.A.

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0768610

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

ALFREDO FERREIRO  
8323 N.W. 12 ST. #204  
MIAMI-FL. 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.V.P.  
NAME ALFREDO FERREIRO  
STREET ADDRESS 8323 N.W. 12 ST. #204  
CITY-ST-ZIP MIAMI-FL. 33126 ☐ Delete

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

TITLE D.P.  
NAME FELIX DE JESUS  
STREET ADDRESS 14795 S.W. 97 TERRACE  
CITY-ST-ZIP MIAMI-FL. 33196 ☒ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alfredo Ferreiro

Date

4/28/00

Daytime Phone #

305-718-9414

CR2E034 (9/99)