

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90133 050 \*\*\*150.00

**DOCUMENT # P98000042931**

1. Entity Name  
**EL SITIO U.S.A., INC.**

Principal Place of Business

**404 WASHINGTON AVE.  
 PENTHOUSE  
 MIAMI BEACH FL 33139**

Mailing Address

**404 WASHINGTON AVE.  
 PENTHOUSE  
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0836032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DE LA PENA & BAJANDAS, LLP  
 601 BRICKELL KEY DRIVE SUITE 705  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Amaya Ariztoy**  
 Street Address (P.O. Box Number is Not Acceptable) **CLAXSON USA, Inc. (Legal Dept.)**  
**404 Washington Avenue, 8th Fl.**  
 City **Miami Beach** FL **33139**

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]* **Amaya Ariztoy, Secretary/Director** **1/29/02**

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reappointing)

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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAJANDAS, RICARDO</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR- STE 705</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANON ELCARTE, FELIX LEANDRO</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR STE 705</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARIZTOY, AMAYA</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR STE 705</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHANETON, ESTEBAN VIVO</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR STE 705</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>GARCIA, Richard</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>President/Director/Treasurer</b>	
STREET ADDRESS	<b>404 Washington Ave., 8th Fl.</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE	<b>Ituarte, Jose Antonio</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>	
STREET ADDRESS	<b>404 Washington Ave., 8th Fl.</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE	<b>Secretary/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ariztoy, Amaya</b>	
STREET ADDRESS	<b>404 Washington Ave., 8th Fl.</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **Amaya Ariztoy** **1/29/02** **(305) 894-3500**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
P98 0000 42931

321951

**CLAXSON**

Legal Department – Privileged & Confidential

**VIA FEDERAL EXPRESS**

February 5, 2002

MIAMI BEACH

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
ATTN: Uniform Business Report Filings

**RE: UNIFORM BUSINESS REPORTS FOR EL SITIO USA, INC.**

Dear Madam/Sir,

Please find enclosed annual Uniform Business Reports for El Sitio USA, Inc. with its corresponding check. Thank you for your attention in this matter.

Sincerely,

**CLAXSON USA, INC.**

  
**ERNESTO A. LUCIANO,**  
Corporate Counsel

cc: Amaya Ariztoy  
Enclosure Check and Form

CLAXSON USA, Inc.  
Legal Department  
404 Washington Avenue, 8th Floor  
Miami Beach, Florida, 33139 U.S.A.  
Tel. (305) 894-3500 Fax (305) 894-3606  
eluciano@claxson.com  
www.claxson.com