


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

05 NOV -2 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042931		
1. Entity Name CLAXSON U.S.A. II, INC.		

Principal Place of Business 1550 BISCAYNE BLVD. MIAMI, FL 33132	Mailing Address 1550 BISCAYNE BLVD. MIAMI, FL 33132
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10062005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0836032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY 11/02/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PAZ, EZEQUIEL 1550 BISCAYNE BLVD. 1ST FLOOR MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITUARTE, JOSE ANTONIO 1550 BISCAYNE BLVD. 1ST FLOOR MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARIZTOY, AMAYA 1550 BISCAYNE BLVD. 1ST FLOOR MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11/15/05--01079--011 \*\*750.00

K. Eckel NOV - 2 2005

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: Amaya Ariztoy 10/21/05 305-894-3577  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

Secretary / Director