


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0240028 AV

**DOCUMENT # P98000078777**

1. Entity Name  
**IBERO-AMERICAN MEDIA MANAGEMENT, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP -10 AM 8:00

Principal Place of Business  
**404 WASHINGTON AVE 8TH FLOOR  
MIAMI BEACH FL 33139**

Mailing Address  
**404 WASHINGTON AVE 8TH FLOOR  
MIAMI BEACH FL 33139**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

CHECK HERE IF MAKING CHANGES *MRS*

4. FEI Number **65-0873432**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARIZTAY, AMAYA**  
**LEGAL DEPARTMENT**  
**404 WASHINGTON AVE 8TH FLOOR**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name *Ct Corporation System*  
Street Address (P.O. Box Number is Not Acceptable)  
*1200 S. Pine Island Road*  
City *Plantation* FL Zip Code *33324*

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]* **James A. Boronaro**  
Assistant Secretary

(NOTE: Registered Agent signature required when changing registered office or registered agent.) 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 Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>ARIZTOY, AMAYA</b> <b>404 WASHINGTON AVE 8TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>HAIEK, RALPH</b> <b>404 WASHINGTON AVE 8TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>PAZ, EZEQUIEL</b> <b>404 WASHINGTON AVE 8TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CURTO-GONZALEZ, MAYDA</b> <b>404 WASHINGTON AVE 8TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Paz, Ezequiel</i> <i>(Misspelled)</i>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gonzalez-Curto</i> <i>Curto-Gonzalez Mayda</i> <i>(Misspelled)</i>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)