

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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]*
Signature, typed or printed name of registered agent and title if applicable.

James A. Borbone
Assistant Secretary

(NOTE: Registered Agent signature required when changing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
ARIZTOY, AMAYA
404 WASHINGTON AVE 8TH FLOOR
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600022925916
09/10/03 01024 007 **550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
HAIEK, RALPH
404 WASHINGTON AVE 8TH FLOOR
MIAMI BEACH FL 33139 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
PAZ, EZEQUIEL
404 WASHINGTON AVE 8TH FLOOR
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Paz, Ezequiel
(Misspelled) ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CURTO-GONZALEZ, MAYDA
404 WASHINGTON AVE 8TH FLOOR
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gonzalez-Euph
Mayda
(Misspelled) ☐ 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
☐ 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.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)