

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090346

1. Entity Name

LATIN BROADCASTING SYSTEM CORPORATION

Principal Place of Business

100 N.E. 15TH STREET.. SUITE 206
HOMESTEAD FL 33030

Mailing Address

100 N.E. 15TH STREET.. SUITE 206
HOMESTEAD FL 33030

2. Principal Place of Business

100 N.E. 15th.

3. Mailing Address

P.O. Box 557248

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL

4. FEI Number

65-0872613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, OSCAR

100 N.E. 15TH STREET., SUITE 206
HOMESTEAD FL 33030

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, 2001 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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
LOERA, ROSIE
100 N.E. 15TH STREET., SUITE 206
HOMESTEAD FL 33030

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
ROJAS, OSCAR
100 N.E. 15TH STREET., SUITE 206
HOMESTEAD FL 33030

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change 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:

Oscar Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 305-242-3773
Date Daytime Phone #

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90079 050 ***150.00

C0010172



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)