

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90055 002 \*\*\*150.00

DOCUMENT # **p 99000048283 ✓**  
 1. Entity Name  
**TERRA NETWORKS USA INC.**

Principal Place of Business **MIAMI**  
 Mailing Address  
**1201 BRICKELL NE, SUITE 500**  
**MIAMI, FL, 33131**

**770650**

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0938990**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORP DIRECT AGENTS**  
**103 N. MERIDIAN ST.**  
**TALLAHASSEE, FL, 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>VS</b>	
STREET ADDRESS		<b>PATRICIA MENENDEZ CAMBO</b>	
CITY-ST-ZIP		<b>1221 BRICKELL AVENUE</b>	
		<b>MIAMI, FL, 33131</b>	
TITLE	<input type="checkbox"/> Delete	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>ANTONIO DE ESTEBAN</b>	
STREET ADDRESS		<b>1201 BRICKELL AVENUE</b>	
CITY-ST-ZIP		<b>MIAMI, FL, 33131</b>	
TITLE	<input type="checkbox"/> Delete	<b>D/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>ANTONIO GARCIA URGELES</b>	
STREET ADDRESS		<b>1201 BRICKELL AVENUE</b>	
CITY-ST-ZIP		<b>MIAMI, FL, 33131</b>	
TITLE	<input type="checkbox"/> Delete	<b>D/IV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>MANUEL BELLOD</b>	
STREET ADDRESS		<b>1201 BRICKELL AVENUE</b>	
CITY-ST-ZIP		<b>MIAMI, FL, 33131</b>	
TITLE	<input type="checkbox"/> Delete	<b>CFO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>IGNACIO PONCE</b>	
STREET ADDRESS		<b>1201 BRICKELL AVENUE</b>	
CITY-ST-ZIP		<b>MIAMI, FL, 33131</b>	
TITLE	<input type="checkbox"/> Delete	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>RAISSA ROUSSE</b>	
STREET ADDRESS		<b>1201 BRICKELL AVENUE</b>	
CITY-ST-ZIP		<b>MIAMI, FL, 33131</b>	

**REVIEWED BY**  
**TERRA LEGAL**

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: *Raissa Rousse* **RAISSA ROUSSE** 04/30/01 305 714 8555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #