

A M E N D E D
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 25 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008048702--6
-09/26/02--01035--013
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name SALSA ENTERTAINMENT, INC.


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2828 CORAL WAY Suite, Apt. #, etc. SUITE 306 City & State MIAMI, FLORIDA Zip 33145 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number 65-0937096	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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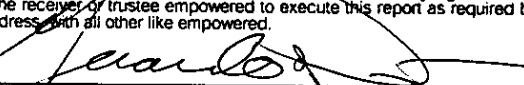
7. Name and Address of Current Registered Agent	
Name GERARDO DIAZ	
Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, SUITE 306	
City MIAMI, FL.	Zip Code FL 33145

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	DATE 09/15/02 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT-----> GERARDO DIAZ 2828 CORAL WAY, SUITE 306 MIAMI, FLORIDA 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT-----> DIANE D. HIDALGO 2828 CORAL WAY SUITE 306 MIAMI, FLORIDA 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER-----> DIANE D. HIDALGO 2828 CORAL WAY, SUITE 306 MIAMI, FLORIDA 33145
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	09/15/02 305-461-9858 Date Daytime Phone #

CR2E034B (12/01)

9/25/02