2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 01, 2001 8:00 am Secretary of State **DOCUMENT # V17222** 1. Entity Name US COMMUNICATION AND TV SERVICE, INC. 05-01-2001 90061 024 ***150.00 Principal Place of Business Mailing Address 2 \$ BICAYNE BLVD 2 S BISCYANE BLVD STE 3400 STE 3400 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 200 South Biscayne Blvd. 200 S. Biscayne Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 4100 Suite # 4100 City & State City & State 4. FEI Number Appliea For 65-0317118 Miami Florida Miami, Florida Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 Miami Dade Fee Required 33131 Miami Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RJVF Corporate Services, Inc. VALDES-FAULI CORPORATE SERVICE S INC Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. 1 BSICAYNE TOWER 3400 2 S BISCAYNE BLVD Suite # 4100 MIAMI FL 33131 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. F: Registered Agent signature :equired when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE PSTD Delete THE X Change CASES, J. IGNACIO NAME NAME Cases, J. Ignacio STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400 STREET ADDRESS 200 S. Biscayne Blvd., Ste. #4100 CITY-ST-ZIP MIAMI FL CITY - ST - ZIP Miami, Florida 33131 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Detete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIEY-ST-ZIP TiTL F ☐ De/ete TITLE ☐ Change Addition | NAM5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CiTY - ST- 7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01