

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90051 039 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                           |                                                                                             |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # V57899</b><br>1. Entity Name<br><b>HAS - HISPANIC ADVERTISING SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                           |                                                                                             |                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>2828 CORAL WAY<br/>         STE. 300<br/>         MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                           | Mailing Address<br><b>2828 CORAL WAY<br/>         STE. 300<br/>         MIAMI, FL 33145</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                             |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | City & State                              |                                                                                             | 4. FEI Number<br><b>85-0351191</b>                                                                                                                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | Zip                                       |                                                                                             | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><b>CRUZAMORA ROBERTO<br/>         2828 CORAL WAY<br/>         SUITE 300<br/>         MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                           |                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and is to be applicable. (NOTE: Registered Agent is required to sign this statement.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                           |                                                                                             |                                                                                                                                                                                                                                       |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                           |                                                                                             | DATE _____                                                                                                                                                                                                                            |  |
| <b>FILED NOW! FEE'S \$150.00</b><br><small>From May 1, 2003 fees will be \$150.00. Please check website for Florida Department of State.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                           |                                                                                             |                                                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>ROBERTO CRUZAMORA<br>2828 CORAL WAY STE 300<br>MIAMI, FL 33145 | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                           | Date <b>7-7-03</b>                                                                          |                                                                                                                                                                                                                                       |  |

CR2E034 (10/02)