

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000190**

1. Entity Name
SPANISH MEDIA BROADCASTING, L.L.C.

FILED

00 APR 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8431 S.W. 84TH AVENUE
MIAMI FL 33143**

Mailing Address
**8431 S.W. 84TH AVENUE
MIAMI FL 33143-6008**

2. Principal Place of Business
13499 BISCAYNE BLVD

3. Mailing Address
P.O. Box 823662

Suite, Apt. #, etc.
SUITE 106

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
SOUTH FLORIDA, FLORIDA

4. FEI Number
65-0888912

Applied For
 Not Applicable

Zip
33181

Country

Zip
33082

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33135**

7. Name and Address of New Registered Agent
Name
ADIB EDEN
Street Address (P.O. Box Number is Not Acceptable)
9415 S.W. 144 ST
City
MIAMI FL Zip Code
33176

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 **ADIB EDEN** DATE **3/1/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME REYES, GERARDO	
STREET ADDRESS 8431 S.W. 84TH AVENUE	
CITY-ST-ZIP MIAMI FL 33143	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE PRESIDENT, MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, GERARDO MGRM	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE V. PRESIDENT,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EDEN, ADIB MGR	
STREET ADDRESS 9415 SW 144 ST	
CITY-ST-ZIP MIAMI, FL 33176	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HERBERT M. LEVIN MGR	
STREET ADDRESS 525 ALHAMBRA CIRCLE	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE RADIO PARTNERS - MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 3785 NW 82ND AVE # 312	
CITY-ST-ZIP MIAMI FL 33166	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 300003219483--6	
CITY-ST-ZIP -04/24/00-01020-001	
	*****55.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **ADIB EDEN** DATE **3/1/00** DAYTIME PHONE # **305-513-9442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)