

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000190  
 1. Entity Name:  
 SPANISH MEDIA BROADCASTING L.L.C.

FILED

2001 MAY -2 PM 6:20

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE


Principal Place of Business		Mailing Address	
2. Principal Place of Business 3191 CORAL WAY Suite, Apt. #, etc. SUITE 1000 City & State MIAMI, FL		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. SUITE 110 City & State MIAMI, FL	
Zip 33145	Country USA	Zip 33145	Country USA

4. FEI Number 65-0888912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Additional Fee Required \$5.00

8. Name and Address of Current Registered Agent  
 AD2B EDEN  
 9415 SW 144th ST.  
 MIAMI, FL 33176

7. Name and Address of New Registered Agent  
 Name: ANTHONY T. LEPORE, ESQ.  
 Street Address (P.O. Box Number is Not Acceptable): 18145 SW 5th ST  
 City: PEMBROKE PINES FL Zip Code: 33029

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:  ANTHONY T. LEPORE DATE: 4/25/01  
(NOTE: Registered Agent signature required when retitling)

600004324146--B  
 -05/29/01--01004--004  
 \*\*\*\*\*55.00 \*\*\*\*\*55.00

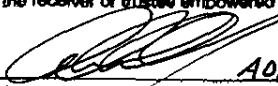
9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYES, GERARDO 8431 SW 84th AVE MIAMI FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECT LEVIN, HERBERT 525 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/MGR CHRIS KORGE 230 PALERMO AVE CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/MGR ANDRES CANTOR 2828 CORAL WAY #110 MIAMI, FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./MGR/S AD2B EDEN 2828 CORAL WAY #110 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 609, Florida Statutes.

SIGNATURE:  AD2B EDEN DATE: 4/25/01 205-446-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E063 (11/00)