2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561225

Name: PROADCAST OLIALITY II

MARCUS, GERALD

PLANTATION, FL 33322

10531 NW 13CT

Name:

Address:

City-St-Zip:

FILED Jan 08, 2004 Secretary of State

Entity Name: BROADCAST QUALITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 2334 PONCE DE LEON BLVD # 200 CORAL GABLES, FL 33134 US **New Mailing Address: Current Mailing Address:** 2334 PONCE DE LEON BLVD # 200 CORAL GABLES, FL 33134 US FEI Number: 59-1800937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UDEL, DIANA 6045 SW 27 ST MIAMI, FL 33155 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEO () Delete Title: () Change () Addition Name: SOCHET, IRA, Name: 4211 MONSERATTE Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: PD Title: () Delete () Change () Addition UDEL, DIANA, Name: Name: 2334 PONCE DE LEON BLVD, # 200 Address: Address: CORAL GABLES, FL City-St-Zip: City-St-Zip: Title: Title: TVD () Delete TVP (X) Change () Addition DURST, RON DURST, RON Name: Name: 2334 PONCE DE LEON BLVD, # 200 2334 PONCE DE LEON BLVD, # 200 Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL Title: SVD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DIANA UDEL PRES 01/08/2004