


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State


01-27-2005 90053 020 ***150.00

DOCUMENT # F0100004586
 1. Entity Name
 TELEFUTURA TELEVISION GROUP, INC.



Principal Place of Business Mailing Address
 500 FRANK W. BURR BLVD., 6TH FLOOR 500 FRANK W. BURR BLVD., 6TH FLOOR
 TEANECK, NJ 07666 TEANECK, NJ 07666

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4862792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	POB CEO
NAME	PERENCHIO, A. JERROLD
STREET ADDRESS	1999 AVE. OF THE STARS, #3050
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	VP
NAME	CAHILL, ROBERT V
STREET ADDRESS	1999 AVE. OF THE STARS, #3050
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	CEO
NAME	HINSON, JEFF
STREET ADDRESS	1999 AVE. OF THE STARS, #3050
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	VP
NAME	KRANWINKLE, C. DOUGLAS
STREET ADDRESS	1999 AVE. OF THE STARS, #3050
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	ASAT
NAME	HOBSON, ANDREW
STREET ADDRESS	1999 AVE. OF THE STARS, #3050
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  1/11/05 201-287-4313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #