2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003860

Entity Name: FONOVISA, INC.

FILED Feb 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5820 CANOGA AVE SUITE 300 WOODLAND HILLS, CA 91367					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6TH FLOOF	W BURR BLV R NJ 076666802				
FEI Number: 9	95-4049485	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	irrent Registered Agent:	Name and Address of	of New Registered Agent:	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () E BEHAR, JOSE 5820 CANOGA A' WOODLAND HIL	*	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAHILL, ROBER	E STARS,STE. 3050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOBSON, ANDRI	F THE STARS, SUITE 3050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () E PALACIO, DAVE 5820 CANOGA A' WOODLAND HIL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KRANWINKLE, C	E STARS,STE.3050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCANN, SHAW	JRR BLVD. 6TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DONALD PETERS CPA 02/07/2008