2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003860

FILED
Apr 06, 2009
Secretary of State

Entity Name: FONOVISA, INC.

Current Principal Place of Business:

5820 CANOGA AVE
SUITE 300
WOODLAND HILLS, CA 91367

New Principal Place of Business:

Current Mailing Address:

500 FRANK W BURR BLVD
6TH FLOOR
TEANECK, NJ 076666802

New Mailing Address:

FEI Number: 95-4049485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PCEO ( ) Delete
Name: BEHAR, JOSE
Address: 5820 CANOGA AVE, SUITE 300
City-St-Zip: WOODLAND HILLS, CA 91367

Title: VPS ( ) Delete
Name: CAHILL, ROBERT V
Address: 1999 AVE OF THE STARS,STE. 3050
City-St-Zip: LOS ANGELES, CA 90067

Title: CFO ( ) Delete
Name: HOBSON, ANDREW W
Address: 1999 AVENUE OF THE STARS, SUITE 3050
City-St-Zip: LOS ANGELES, CA 90067

Title: EVP ( ) Delete
Name: PALACIO, DAVE
Address: 5820 CANOGA AVE, SUITE 300
City-St-Zip: WOODLAND HILLS, CA 91367

Title: VP ( ) Delete
Name: KRANWINKLE, C DOUGLAS
Address: 1999 AVE OF THE STARS,STE.3050
City-St-Zip: LOS ANGELES, CA 90067

Title: CTO ( ) Delete
Name: MCCANN, SHAWN
Address: 500 FRANK W BURR BLVD. 6TH FLOOR
City-St-Zip: TEANECK, NJ 07666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHAWN MCCANN CTO 04/06/2009
Electronic Signature of Signing Officer or Director Date