

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90031 045 ***150.00

DOCUMENT # G69537	
1. Entity Name SPANISH CABLE NETWORK, INC.	



Principal Place of Business 2600 DOUGLAS RD 1004 CORAL GABLES, FL 33134 US	Mailing Address 2600 DOUGLAS RD 1004 CORAL GABLES, FL 33134 US
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2. Principal Place of Business 396 ALHAMBRA CIRCLE	3. Mailing Address 396 ALHAMBRA CIRCLE
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134	Country



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2379805	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 MURAI, WALD, BIONDO & MORENO, P.A. 25 SOUTHEAST 2ND AVENUE SUITE 900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name MURAI WALD BIONDO MORENO & BROCHIN Street Address (P.O. Box Number is Not Acceptable) 2 ALHAMBRA PLAZA PENTHOUSE 1B City CORAL GABLES FL Zip Code 33134
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPD ISAIAS ESTEFANO 2600 DOUGLAS ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ISAIAS, ROBERTO 2600 DOUGLAS ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ISAIAS, WILLIAM 2600 DOUGLAS ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DEL CARMON MORLA, MARIA 2000 DOUGLAS ROAD, SUITE 1004 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA DEL CARMEN MORLA 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date _____ Daytime Phone # _____