

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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1. Entity Name
 T.T.V. TERMINAL, L.L.C.

Principal Place of Business Mailing Address
 2172N.W.29TH AVENUE 2172N.W.29TH AVENUE
 MIAMI, FL 33142 MIAMI, FL 33142



2. Principal Place of Business Mailing Address
 Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Country Zip Country

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1894790 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, VLADIMIR
 19480 SW 39TH CT
 HOLLYWOOD, FL 33029

Name
 Street Address (P. O. Box Number is Not Acceptable)
 City FL Zip Code

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)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
 NAME GONZALEZ, VLADIMIR
 STREET ADDRESS 19480 S.W. 39TH COURT
 CITY-ST-ZIP MIRAMAR, FL 33029 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition
 U00000347551
 04/30/05-80121-006 50.00

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

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 CITY-ST-ZIP Change Addition

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 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. Co. S. 04/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #