

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009975

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: YOUTH UNITED TELEVISION NETWORK, INC.

**Current Principal Place of Business:**

775 NE 79TH STREET, SUITE E  
E  
MIAMI, FL 33138

**New Principal Place of Business:**

114 THOMAS ROAD  
WEST PARK, FL 33023

**Current Mailing Address:**

775 NE 79TH STREET, SUITE E  
SUITE E  
MIAMI, FL 33138

**New Mailing Address:**

114 THOMAS ROAD  
WEST PARK, FL 33023

FEI Number: 56-2512875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EUGENE, MATHILDE G  
775 NE 79TH STREET,  
SUITE E  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

EUGENE, MATHILDE G  
114 THOMAS ROAD  
WEST PARK, FL 33023 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:

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EUGENE, MATHILDE G  
Address: 775 NE 79TH STREET, SUITE E  
City-St-Zip: MIAMI, FL 33138

Title: VD ( ) Delete  
Name: NASSAR, MICHELE  
Address: 6235 NW MIAMI PLACE  
City-St-Zip: MIAMI, FL 33150

Title: VD ( ) Delete  
Name: BITAR-FREDERICK, PATRICK  
Address: 915 NE 125TH ST.  
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD ( ) Delete  
Name: JEROME, ERIC P  
Address: 151 SW 134TH WAY, APT. 303N  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD ( ) Delete  
Name: JEANNOT, GISLAINE  
Address: 2631 FLAMINGO DR.  
City-St-Zip: MIRAMAR, FL 33023

Title: SD ( ) Delete  
Name: MIRTIL, GEORGE  
Address: 1100 NE 184TH ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: EUGENE, MATHILDE G  
Address: 114 THOMAS ROAD  
City-St-Zip: WEST PARK, FL 33023

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHILDE G. EUGENE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date