

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0075072

**DOCUMENT # N95000002452**

1. Entity Name

**GENESIS BROADCASTING NETWORK CORPORATION**

02-11-2002 90087 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**528 N.W. 157 AVENUE  
 PEMBROKE PINES FL 33028**

**528 N.W. 157 AVENUE  
 PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0791084**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTIZ, EDWIN L  
 528 N.W. 157 AVENUE  
 PEMBROKE PINES FL 33028**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ORTIZ, EDWIN L</b>	
STREET ADDRESS	<b>528 NW 157TH AVE.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSADO, LUIS</b>	
STREET ADDRESS	<b>415 W. VINE STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>OTONIEL, RODOLFO</b>	
STREET ADDRESS	<b>12250 JOHN YOUNG PKWY.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32877</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ARROYO, MARIA DEL C</b>	
STREET ADDRESS	<b>528 NW 157TH AVE.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSADO, GRACE</b>	
STREET ADDRESS	<b>CALLE OROCOUIS, #26</b>	
CITY-ST-ZIP	<b>CAROLINA, P.R. 00984</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/02** -305-  
**471-8313**

Date

Daytime Phone #

CR2E037 (9/01)