## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002452

Jul 27, 2005 Secretary of State

Entity Name: GENESIS BROADCASTING NETWORK CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 

11890 SW 8 STREET 11890 SW 8TH STREET 504

504

MIAMI, FL 33184 MIAMI, FL 33184

**Current Mailing Address: New Mailing Address:** 

PO BOX 820814 PO BOX 820814

SOUTH FLORIDA, FL 33082 SOUTH FLORIDA, FL 33332 US

FEI Number: 65-0791084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ORTIZ, EDWIN L ORTIZ, EDWIN L 6883 SW 194 AVE 4824 SW 195TH WAY PEMBROKE PINES, FL 33332 US MIRAMAR, FL 33029 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: 07/27/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

ORTIZ, EDWIN L ORTIZ, EDWIN L Name: Name: 6883 SW 194 AVE Address: 4824 SW 195TH WAY Address:

City-St-Zip: PEMBROKE PINES, FL 33332 City-St-Zip: MIRAMAR, FL 33029 US

Title: VD Title: VD (X) Change ( ) Addition ( ) Delete Name: ROSADO, LUIS Name: ROSADO, LUIS Address: CARR 167 KN 19.2 Address: CARR 167 KN 19.2

City-St-Zip: BAYAMON, PR 00959 City-St-Zip: BAYAMON, PR 00959 US

Title: () Delete Title: SD (X) Change ( ) Addition

OTONIEL, FONT Name: FONT, OTONIEL Name:

12250 JOHN YOUNG PKWY. 12250 JOHN YOUNG PKWY. Address: Address: City-St-Zip: ORLANDO, FL 32877 City-St-Zip: ORLANDO, FL 32877 US

( ) Delete Title: TD Title: TD (X) Change ( ) Addition

MARIA DEL C, ARROYO Name: Name: ARROYO, MARIA DEL C 6883 SW 194 AVE 4824 SW 195TH WAY Address: Address: City-St-Zip: PEMBROKE PINES, FL 33332 City-St-Zip: MIRAMAR, FL 33029 US

Title: () Delete Title: (X) Change ( ) Addition

LEMUEL, ORTIZ ORTIZ, LEMUEL A Name: Name:

11890 SW 8 STREET SUITE 304 11890 SW 8 STREET SUITE 504 Address: Address:

City-St-Zip: MIAMI, FL 33184 City-St-Zip: MIAMI, FL 33184 US

Title: () Delete Title: ( ) Change (X) Addition

ORTIZ. GAMALIEL Name: Name:

Address: Address: 19620 PINES BLVD SUITE 206 PEMBROKE PINES, FL 33029 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEMUEL ORTIZ MR 07/27/2005