

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90013 044 \*\*\*150.00

**DOCUMENT # P0000105743**

1. Entity Name  
**TELEVISION 2000, INC.**



Principal Place of Business Mailing Address  
**8877 COLLINS AVENUE, SUITE 803** **8877 COLLINS AVENUE, SUITE 803**  
**MIAMI, FL 33154** **MIAMI, FL 33154**

**50000805**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**65-1053763** Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALERO, MARISOL**  
**8877 COLLINS AVENUE, SUITE 803**  
**MIAMI, FL 33154**

7. Name and Address of New Registered Agent

Name **ROXANA ROTUNDO**  
 Street Address (P.O. Box Number is Not Acceptable) **8877 COLLINS AV SUITE 803**  
 City **MIAMI** FL Zip Code **33154**

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 **ROXANA ROTUNDO - DIRECTOR** **01-07-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **CALERO, MARISOL**  
 STREET ADDRESS **8877 COLLINS AVENUE, SUITE 803**  
 CITY-ST-ZIP **MIAMI, FL 33154**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ROXANA ROTUNDO - D**  Change  Addition  
 NAME **8877 COLLINS AV STE 803**  
 STREET ADDRESS **MIAMI FL 33154**  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Change  Addition  
 NAME  
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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-07-04** **305 8670805**

Date Daytime Phone #