


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90713 001 \*\*\*300.00

**DOCUMENT # P01000024979**

1. Entity Name  
**PMTV INC.**



**35048470**

Principal Place of Business  
**999 BRICKELL BAY DR TOWER I STE 602  
MIAMI FL 33131**

Mailing Address  
**999 BRICKELL BAY DR TOWER I STE 602  
MIAMI FL 33131**

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

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

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

**65-1086992**  
 CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE LUIS  
999 BRICKELL BAY DR TOWER I STE 602  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, JOSE LUIS 999 BRICKELL BAY DR TOWER I STE 602 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, LUISA PEREZ 999 BRICKELL BAY DR TOWER I STE 602 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 links empowered.

SIGNATURE: **SIGNATURE REQUIRED** **04-23-03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)

Attachment

55048470  
#PO1000024979

Form **SS-4**

### Application for Employer Identification Number

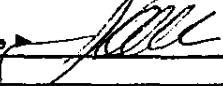
EIN **65-1086992**

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>PMTV INC.</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>999 BRICKELL BAY DR., TOWER I,</b>		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>STE 602, MIAMI, FL 33131</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>DADE, FLORIDA</b>		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <b>JOSE LUIS RODRIGUEZ SS#594-54-6520</b>		
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>PROFIT</b> <input checked="" type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State		Foreign country	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>03/05/01</b>		11 Closing month of accounting year (See instructions.) <b>12/31</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ <b>UNKNOWN</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . ▶			Nonagricultural <b>-0-</b>
			Agricultural
			Household
14 Principal activity (See instructions.) ▶ <b>SALE OF TV TIME AND PRODUCTION OF COMMERCIALS</b>			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____			
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year)   City and state where filed   Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Business telephone number (include area code)
			Fax telephone number (include area code)
Name and title (Please type or print clearly.) ▶ <b>JOSE LUIS RODRIGUEZ PRESIDENT</b>			
Signature ▶ 			Date ▶ <b>3/1/01</b>
Note: Do not write below this line. For official use only.			
Please leave blank ▶		Geo.	Ind.
		Class	Size
		Reason for applying	