

May-24-02 01:11pm From-SH&D LLP 4.

305 577 70

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90390 040 ***550.00

DOCUMENT # **P01000096286**

1. Entity Name
TV DEVELOPMENT CORP.

Principal Place of Business 200 SOUTH BISCAYNE BLVD SUITE 4100 MIAMI FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD SUITE 4100 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		APPLIED FOR		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent RJV CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD SUITE 4100 MIAMI FL 33131				7. Name and Address of New Registered Agent			
				Name CORPORATE INTERNATIONAL REGISTERED AGENTS INC.			
				Street Address (P.O. Box Number is Not Acceptable)			
				SAME			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOBI, ARIEL A.			NAME	Tobi, Ariel A.		
STREET ADDRESS	O'HIGGINGS 2328 DEPTO 3(1428) CIUDAD			STREET ADDRESS	+ O'Higgings 2328 3(1428) Ciudad		
CITY-ST-ZIP	BUENOS AIRES ARGENTINA			CITY-ST-ZIP	Buenos Aires, Argentina		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Romay, Mirta Leonor		
STREET ADDRESS				STREET ADDRESS	200 S. Biscayne Blvd., Ste. #4100		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Tobi, Fernando David		
STREET ADDRESS				STREET ADDRESS	200 S. Biscayne Blvd., Ste., 4100		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Tobi, Anali		
STREET ADDRESS				STREET ADDRESS	200 S. Biscayne Blvd., Ste. #4100		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address without other like empowered.

SIGNATURE: _____ DATE: **5/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR