

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


FILED
Jun 11, 2003 8:00 am
Secretary of State

5/5

05-05-2003 91895 017 ***150.00

DOCUMENT # P01000096286 (L)

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**

55047576



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 Applied

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATE INTERNATIONAL REG. AGENTS INC.
200 SOUTH BISCAYNE BLVD SUITE 4100
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 _____ (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	D. TOBI, ARIEL A O'HIGGINGS 2328 DEPTO 3(1428) CIUDAD BUENOS AIRES ARGENTINA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. TOBI, ARIEL A O'RIGGINGS 2328 3(1428) CIUDAD BUENOS AIRES, ARGENTINA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMAY, MIRTA LEONOR 200 S. BISCAYNE BLVD., STE 4100 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOBI, FERNANDO DAVID 200 S. BISCAYNE BLVD., STE 4100 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOBI, ANALI 200 S. BISCAYNE BLVD., STE 4100 MIAMI FL 33131	<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
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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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Attachment

55047574
PO 100096286

Form **SS-4**

Application for Employer Identification Number

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

EIN

OMB No. 1545-0003

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)
TV DEVELOPMENT CORP.

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.)
200 South Biscayne Blvd., #4100

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Miami, Florida, 33131

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶
- Personal service corp.
- National Guard
- Farmers' cooperative
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Other corporation (specify) ▶
- Trust
- Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: Florida Foreign country:

9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Other (specify) ▶
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions)
October 3, 2001

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).
N/A

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: N/A Agricultural: 0 Household: 0

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used

Yes No

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c.

Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 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 know

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.

Name and title (Please type or print clearly.) ▶ Anali Tobi, Treasurer

Business telephone number (include area code)
()

Fax telephone number (include area code)
()

Signature ▶  Date ▶ 6/6/03

Note: Do not write below this line. For official use only.

Please leave blank ▶

Gen. Ind. Class Size Reason for applying