

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90337 028 \*\*\*150.00

DOCUMENT # P02000046431  
 1. Entity Name  
 DIGITAL TELEVISION LATIN AMERICA, INC.



Principal Place of Business Mailing Address  
 2655 COLLINS AVE 2655 COLLINS AVE  
 #2105 #2105  
 MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 US

**50038273**



2. Principal Place of Business 3. Mailing Address  
 1698 JEFFERSON AVE 1698 JEFFERSON AVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 SUITE 10 SUITE 10

04092005 Chg-P CR2E034 (10/03)

City & State City & State  
 MIAMI BEACH, FL MIAMI BEACH, FL  
 Zip 33139 Country USA Zip 33139 Country USA

4. FEI Number Applied For  
 27-0009578 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AKERMAN, MELVIN S  
 1300 NE MIAMI GARDENS DR.  
 APT. #910  
 MIAMI, FL 33179

7. Name and Address of New Registered Agent  
 Name AKERMAN, MELVIN S. (SAME)  
 Street Address (Post Box Number is Not Applicable)  
 1800 SAN'S SOU'CI BLVD  
 APT. 221  
 City NORTH MIAMI FL Zip Code 33181

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: *Melvin Akerman* (MELVIN AKERMAN) DATE: 4/13/05

**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	PDS	<input checked="" type="checkbox"/> Delete
NAME	AKERMAN, STEPHEN A	
STREET ADDRESS	1300 N.E. MIAMI GARDEN DR., APT. 910	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERMAN, MELVIN S	
STREET ADDRESS	1800 SAN'S SOU'CI BLVD, APT 221	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 reports 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: *Melvin Akerman* MELVIN S AKERMAN, PRESIDENT DATE: 4/13/05 DAYTIME PHONE: 305-804-9889