


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90013 009 \*\*\*150.00

**DOCUMENT # P04000124754**

1. Entity Name  
**NAMS TV, INC.**



Principal Place of Business      Mailing Address  
**299 ALHAMBRA CIRCLE, SUITE #319A**      **299 ALHAMBRA CIRCLE, SUITE #319A**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

40031918



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*299 Alhambra Circle*      *299 Alhambra Circle*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite # 319.*      *Suite # 319.*  
 City & State      City & State  
*Coral Gables, FL*      *Coral Gables, FL*  
 Zip      Zip  
*33134.*      *33134.*  
 Country      Country

02272007      Chg-P      CR2E034 (12/08)

4. FEI Number      Applied For  
**20-1562098**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARRERO, ANDRES A**  
**299 ALHAMBRA CIRCLE, SUITE #319A**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name *Carrero, Andres A.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*299 Alhambra Circle Ste #319*  
 City *Coral Gables FL*      Zip Code *33134*

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CARRERO, ANDRES A<br>299 ALHAMBRA CIRCLE, SUITE #319A<br>CORAL GABLES, FL 33134<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>President</i><br>CARRERO, ANDRES A<br><i>299 Alhambra Circle Ste #319.</i><br><i>Coral Gables, FL 33134</i><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Signature typed or printed name of signing officer or director