2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM Secretary of State DOCUMENT # P28162 1. Entity Name SPIN TELEVISION INTERNATIONAL, INC. Principal Place of Business Mailing Address 2520 S.W. 22ND STREET 2520 S.W. 22ND STREET SUITE 2 #341 SUITE 2 #341 MIAMI, FL 33145 MIAMI, FL 33145 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-2916522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MOLINA, DANIEL DO NOT WRITE 2650 SW 27TH AVE STE 301 MIAMI, FL 33133 IN THIS SPACE 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, Repistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MOLINA, DANIEL STREET ADDRESS 2650 SW 27TH AVE STE 301 CITY-ST-ZIP MIAMI, FL U00000150914 05/04/04-80023-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath, 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 atjachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATORE AND TYPED OR PRINTED NAME OF SIGN NO OFFICER OR DIRECTOR

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FILED