Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044509

1. Corporation Name

NEW WORLD BROADCASTING, INC.

Principal Place	of Business	Mailing Address			40110 DILLI 1811 0 011 0 011	ISHUL BHEKI ÖYDDI ƏHLIFI	BB
3785 NW 82 AV		POST OFFICE BOX 52-0677					
SUITE 312	/E	MIAMI FL 38(52					
MIAMI FL 3316	6				DO NOT WRITE IN T	HIS SPACE	
บร				3. Date Incorporat			
1				05/23/1996			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Apr	olied For
21	and the second second	26 9415 Su	144 57	65-0666950)		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Sta	atus Desired	\$8.75 A	
22		27				Fee Re	·
City & State	э .	City & State	T/	6. Election Campa	- 11	\$5.00	
23		28 MIAMI,	PC	Trust Fund Cor	tribution	Added to	Fees
Zip	Country	Zip	Country	· ·	n owes the current year		
24	25		80	Personal Prope			□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Add	dress of New Register	red Agent	
EDE	n, adib jr.	•	81 Name				
Y	NW 82 AVE		82 Street A	ddress (P.O. Box Number	r is Not Acceptable)		
	E 312		25	15 50	744	<u> </u>	
			83	•			}
NUA	ALFL 33166		84 City			. 85 Zip C	ode
1	•			11Ami	-	-L 3	3/76_
		and COT 1500 Clarida Statutor	the above named or	progration submits this st	atement for the purpose	e of changing its	registered
11. Pursuant	to the provisions of Sections 607.0502	and but, 1506, Florida Statutes	s, are above-named or	atianta banad of disasters	I haraby aggregat the or	annintment ac rec	rietorod
J office or ⊓	egistered agent, or both, in the State of	of Florida. Such change was aut	horized by the corpor	ation's board of directors.	. I hereby accept the ap	opointment as reg	gistered
office or n agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corpor	ation's board of directors.	. I hereby accept the ap	opointment as reg	gistered
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14. 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 annual report or supplemental annual 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 execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all annual reports. It all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP