

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 20 AM 10:39

DOCUMENT # P96000044509
1. Entity Name
 New World Broadcasting, Inc.

Principal Place of Business **Mailing Address**
 3785 N.W. 82nd Ave 9415 S.W. 144th St
 Suite 312 Miami, FL 33176
 Miami, FL 33166

2. Principal Place of Business **3. Mailing Address**
 State, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **Applied For**
 65-0666950 Not Applicable

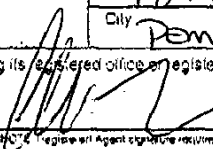
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

REINSTATEMENT
DO NOT WRITE IN THIS SPACE **00**

6. Name and Address of Current Registered Agent
 Adib Eden, Jr.
 9415 S.W. 144th Street
 Miami, FL 33176

7. Name and Address of New Registered Agent
 Name: ANTHONY T. LEPORE, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
18145 SW 5th COURT
 City: Pembroke Pines **FL** Zip Code: 33029

8. This corporation named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.


SIGNATURE:  ANTHONY T. LEPORE 12/19/00
Signature (typed or printed name of registered agent) if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE MONTHLY FEE IS \$166.00**
(See criteria on back)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME DPS Adib Eden, Jr. STREET ADDRESS: 9415 S.W. 144th St. CITY-ST-ZIP Miami, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if change, I, or on an attachment with an address, with an official title and powers.

SIGNATURE:  ADIB EDEN / PRESIDENT 305-513-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #