


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 044 ***158.75

DOCUMENT # P95000037330					
1. Entity Name CARACOL TELEVISION, INC.					
Principal Place of Business 1441 BRICKELL AVENUE 1010 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE SUITE 2800 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # WGEN-TV CHANNEL 8		3. Mailing Address Suite, Apt. #, etc. 7321 N.W. 75TH STREET			
City & State MEDLEY, FLORIDA		City & State MEDLEY, FLORIDA		4. FEI Number 65-0587856	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 2800 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASERNA, PAULO 1441 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LASERNA, PAULO 7321 N.W. 75TH STREET MEDLEY, FLORIDA 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JORGE 1441 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JORGE 7321 N.W. 75TH STREET MEDLEY, FLORIDA 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FONSECA, ROSA E 1441 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANO, CAMILO 7321 N.W. 75TH STREET MEDLEY, FLORIDA 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANO, CAMILO 1441 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FONSECA, ROSA E. 7321 N.W. 75TH STREET MEDLEY, FLORIDA 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Rosa E. Fonseca G.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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