2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# 561225

Entity Name: BROADCAST QUALITY, INC.

Current Principal Place of Business:

2334 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2334 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1800937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UDEL, DIANA
6045 SW 27 ST
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: SOCHET, IRA,
Address: 4211 MONSERATTE
City-St-Zip: CORAL GABLES, FL

Title: PD ( ) Delete
Name: UDEL, DIANA,
Address: 2334 PONCE DE LEON BLVD, # 200
City-St-Zip: CORAL GABLES, FL

Title: TVP ( ) Delete
Name: DURST, RON
Address: 2334 PONCE DE LEON BLVD, # 200
City-St-Zip: CORAL GABLES, FL

Title: SVD ( ) Delete
Name: MARCUS, GERALD
Address: 10531 NW 13CT
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: SOCHET, IRA,
Address: PO BOX 320278
City-St-Zip: MIAMI, FL 33233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA UDEL PD 03/04/2005

Electronic Signature of Signing Officer or Director Date