

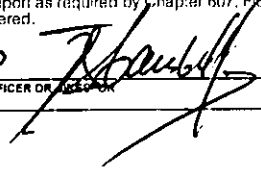


**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F02000005566</b>			
1. Entity Name <b>INTERAMERICAN CABLE ADVERTISING SALES INC.</b>			
Principal Place of Business <b>9050 PINES BLVD, STE 386 PEMBROKE PINES, FL 33024 US</b>		Mailing Address <b>9050 PINES BLVD, STE 386 PEMBROKE PINES, FL 33024 US</b>	
			
		07082008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>98-0383950</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>GOLOMB, ERIC 9050 PINES BLVD, STE 386 PEMBROKE PINES, FL 33024</b>			<b>07/17/08-80007-018 150.00</b>
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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP GANDOLFO, JORGE RICARDO 994 TUCUMAN STREET, 2ND FLOOR BUENOS AIRES ARGENTINA C1049,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ALEJANDRO GANDOLFO, JORGE 994 TUCUMAN STREET, 2ND FLOOR BUENOS AIRES ARGENTINA, C1049		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARIA DEL CARMEN IRUSTA CORNET DE COSTA 994 TUCUMAN STREET, 2ND FLOOR BUENOS AIRES ARGENTINA, C1049		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <b>JORGE A. GANDOLFO</b> 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>