


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003027</b> 1. Entity Name <b>ABS-CBN TELECOM NORTH AMERICA, INCORPORATED</b>	
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Principal Place of Business <b>859 COWAN ROAD BURLINGAME, CA 94010</b>	Mailing Address <b>859 COWAN ROAD BURLINGAME, CA 94010</b>
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**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>94-3221737</b>	Applied For <input type="checkbox"/> 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  
**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000297483 04/11/05-80032-002 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS, ZENON D 859 COWAN ROAD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LOPEZ, EUGENIO III 859 COWAN ROAD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOPEZ, RAFAEL L 859 COWAN ROAD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLIVES, RAMON 859 COWAN ROAD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVES, JOSE RAMON 859 COWAN ROAD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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:** RAFAEL VIZCARRA **APRIL 6, 2005** (650) 652-6696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #