

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000000242

FILED
Nov 17, 2009
Secretary of State**Entity Name:** RECORD TELEVISION INTERNATIONAL, INC.**Current Principal Place of Business:**15375 SW 37 STREET
DAVIE, FL 33331**New Principal Place of Business:****Current Mailing Address:**15375 SW 37 STREET
DAVIE, FL 33331**New Mailing Address:****FEI Number:** 34-1977063**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SILVA, MANOEL
15375 SW 37 STREET
DAVIE, FL 33331 US**Name and Address of New Registered Agent:**SILVA, MANOEL
1221 BRICKELL AVE
SUITE 900
DAVIE, FL 33331 US

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: MANOEL SILVA

11/17/2009

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P&T () Delete
Name: SILVA, MANOEL F
Address: 15375 SW 37TH STREET
City-St-Zip: DAVIE, FL 33331**Title:** S (X) Delete
Name: SILVA, FATIMA F
Address: 15375 SW 37TH STREET
City-St-Zip: DAVIE, FL 33331**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PTS (X) Change () Addition
Name: SILVA, MANOEL F
Address: 15375 SW 37TH STREET
City-St-Zip: DAVIE, FL 33331**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANOEL SILVA

P

11/17/2009

Electronic Signature of Signing Officer or Director_____
Date