2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000002370

Address:

City-St-Zip: MIAMI, FL 33131

Entity Name: CARIBEVISION HOLDINGS, INC

FILED Oct 31, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1401 BRIC MIAMI, FL	OKELL AVE., S 33131	UITE 500		
Current Mailing Address:			New Mailing Address:	
1401 BRIC MIAMI, FL	OKELL AVE., S 33131	UITE 500		
FEI Number	: 20-5885956	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
FELIPE, M 1401 BRIC MIAMI, FL	CKELL AVE., S	UITE 500		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATU		E DE LA CAMPA		
	Electro	nic Signature of Registered Age	ent	Date
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	BARBA, CARL	I BLVD., SUITE 32 #97	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BURILLO, ALE	S TAMARINDOS 400, PISO 32	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DE LA CAMPA	S TAMARINDOS 400, PISO 32	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	FARSCHIAN, N	I BLVD., SUITE 32 #97	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D (FELIPE, MARO) Delete CELL	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: ENRIQUE DE LA CAMPA VST 10/31/2008

1401 BRICKELL AVE., SUITE 500