

F07000002370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

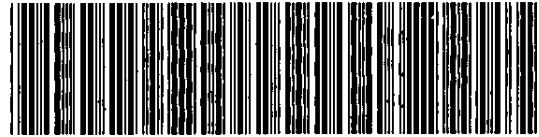
(Business Entity Name)

(Document Number)

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04/12/10 --01028--022 \*\*35.00

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RGR  
4/14/10  
12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Caribevision Holdings INC  
Name of Corporation

DOCUMENT NUMBER: F07000002370

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel Santamaria  
Name of Contact Person

  
Firm/Company

13001 N.W. 107 Avenue  
Address

Hialeah Gardens, FL 33018  
City/State and Zip Code

angel.santamaria@cvnetwork.tv  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Santamaria at ( 305 ) 592 4141  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Caribevision Holdings Inc.
2. The principal office address: 13001 N.W. 107 Avenue, Hialeah  
Gardens, FL 33018
3. The mailing address (if different): P.O. Box 160340, Hialeah,  
FL 33016
4. Date of incorporation/qualification: 05/02/2007 Document number: F07000002370
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Marcell Felipe  
1401 Brickell Ave., Suite 500  
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Angel Santamaria  
13001 N.W. 107 Avenue  
P.O. Box NOT acceptable  
Hialeah Gardens, FL 33018

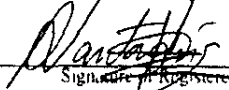
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Carlos Barba Title P  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

04.06.10  
Date

If signing on behalf of an entity:

Angel Santamaria  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

10 APR 13 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APP. AND  
FILED