


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90100 021 \*\*\*150.00  
09-15-2003 90156 048 \*\*\*400.00

<b>DOCUMENT # F79302</b>					
1. Entity Name <b>CORAL INTERNATIONAL TELEVISION CORP.</b>					
Principal Place of Business <b>4380 NW 128 ST OPA LOCKA FL 33054</b>			Mailing Address <b>4380 NW 128 ST OPA LOCKA FL 33054</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2179838</b>	
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARAN, FERNANDO S</b> <b>ARAN CORREA &amp; GUARCH, P.A.</b> <b>710 SOUTH DIXIE HWY</b> <b>CORAL GABLES FL 33146</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANIER, MARCEL</b>		NAME		
STREET ADDRESS	<b>4380 NW 128 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOVERA, MARCO</b>		NAME		
STREET ADDRESS	<b>4380 NW 128 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRERA, PEDRO</b>		NAME		
STREET ADDRESS	<b>4380 NW 128 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESCALANTE, JOSE</b>		NAME		
STREET ADDRESS	<b>4380 NW 128 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			Date: <b>9/15/03</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (4/03)