

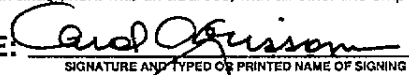


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F89308</b> 1. Entity Name TVMAX MIAMI, INC.			
Principal Place of Business 1111 W MOCKINGBIRD LN SUITE 1000 DALLAS, TX 75247 US		Mailing Address 1111 W. MOCKINGBIRD LN. SUITE 1000 DALLAS, TX 75247	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2204619	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<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"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000205379 01/31/05-80042-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDGE, ROBBY D.R. 1111 W. MOCKINGBIRD LANE, 10TH FLOOR DALLAS, TX 75247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CURTIN, DAVID J 1111 W. MOCKINGBIRD LANE, 10TH FLOOR DALLAS, TX 75247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCVS GRISSOM, CAROL A 1111 W. MOCKINGBIRD LANE 10TH FLOOR DALLAS, TX 75247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MILACEK, CRAIG 1111 W MOCKINGBIRD LANE, 10TH FLOOR DALLAS, TX 75247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUMLVE, JAMES C 1111 W MOCKINGBIRD LANE, 10TH FLOOR DALLAS, TX 75247		
TITLE NAME STREET ADDRESS 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)(f), 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:  Carol A. Grissom		1/27/05	214-634-3806
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>