2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002329

Entity Name: TELEVISION SERVICES INC.

FILED Feb 15, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

7230 NW 58TH STREET 6355 NW 36 ST 304

MIAMI, FL 33166

MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

6355 NW 36 ST 7230 NW 58 ST

MIAMI, FL 33166 US 304

MIAMI, FL 33166 US

FEI Number: 65-0393787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODRIGUEZ, LAURA NIETO, GUSTAVO 7230 NW 58 STREET 6355 NW 36 ST

MIAMI, FL 33166 304 MIAMI, FL 33166 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: GUSTAVO NIETO 02/15/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

7230 NW 58 STREET

MIAMI, FL 33166

Name: Address:

City-St-Zip:

() Delete Title:

Title: (X) Change () Addition NIETO ROA, GUSTAVO NIETO ROA, GUSTAVO Name: Name: 5890 SW 132 TERR 6355 NW 36 STREET SUITE 304 Address: Address:

City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33166

Title: VCT Title: VCT () Delete (X) Change () Addition Name:

NIETO, FRANÇOISE Name: NIETO, FRANÇOISE 14035 S.W. 100 LANE 6355 NW 36 ST SUITE 304 Address: Address: MIAMI, FL 33186 MIAMI, FL 33166 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete NIETO, ANDREA NIETO, ANDREA Name: Name:

14035 S.W. 100 LANE 6355 NW 36 ST SUITE 304 Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33166

Title: (X) Delete Title: () Change () Addition RODRIGUEZ, LAURA

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUSTAVO NIETO **CPS** 02/15/2005