2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2008 8:00 am DOCUMENT # F95000003650 Secretary of State 1. Entity Name 03-27-2008 90038 014 ***150.00 AMERICAN TELEVISION NETWORK, INC. NEW ADDRESS Principal Place of Business Mailing Address 1000 ISLAND BLVD STE 2908 AVENTURA FL 33160 1000 ISLAND BLVD STE 2908 AVENTURA FL 33160 2. Principal Place of Business - No P.O. Box 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOTERA, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1000 ISLAND BLVD, STE 2908 **AVENTURA FL 33160** STREET (8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title Tapplicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE **PSD** Delete PSD TITLE ☐ Addition BUTERA CHARLES NAME **BUTERA, CHARLES** NAME 3901 N.E 1704 ST. STREET ADDRESS 904 GARDENIA DR. STREET ADDRESS DITY-ST-7P DELRAY BEACH FL 33483 CITY-ST-ZIP N. MIAMI FL Daiete VPD TITLE ПΠЕ ■ Addition BUTERA DANIELA MAME BUTERA, DANIELLA NAME 3901 N.E. 170 5T. 1000 ISLAND BLVD, # 2908 STREET ADDRESS STREET ADDRESS AVENTURA FL 33160 N.MIAMI, FL 33160 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME TO DUSTIN BUTERA STREET ADDRESS STREET ADDRESS 3901 N.E 170 ST. CITY-ST-ZIP CITY-ST-ZIP Nimiami FL 33160 TITLE ☐ Delete TIFLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete ☐ 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 exemptions contained in Section 119, 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.

FILED