2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003650

3901 NF 170TH ST

NORTH MIAMI BEACH, FL 33160

Address: City-St-Zip:

Entity Name: AMEDICAN TELEVISION NETW

FILED Jan 08, 2009 Secretary of State

Entity Name: AMERICAN TELEVISION NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 1000 ISLAND BLVD STE 2908 AVENTURA, FL 33160 **New Mailing Address: Current Mailing Address:** 3901 N. E. 170TH STREET 1000 ISLAND BLVD STE 2908 N. MIAMI, FL 33160 AVENTURA, FL 33160 FEI Number: 33-0265191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BOTERA, CHARLES BUTERA, CHARLES 3901 NE 170TH STREET 3901 NE 170TH STREET AVENTURA, FL 33160 AVENTURA, FL 33160 US 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: CHARLES BUTERA 01/08/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition BUTERA, CHARLES Name: Name: 3901 NE 170TH ST Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: Title: () Change () Addition () Delete Name: BUTERA, DANIELLA Name: 3901 NE 170TH ST Address: Address: NORTH MIAMI BEACH, FL 33160 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition BUTERA, TOI D Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: CHARLES BUTERA PRES 01/08/2009