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01-OT-AFI-7/5/2000

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000000825

1. Entity Name
GLOBECAST NORTH AMERICA INCORPORATED

Principal Place of Business	Mailing Address
7291 N.W. 74TH STREET MIAMI, FL 33166	7291 N.W. 74TH STREET MIAMI, FL 33166

06152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0507189
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	SPRECHMAN, DAVID
STREET ADDRESS	7291 N.W. 74TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PINON, CHRISTIAN
STREET ADDRESS	5 ALLEE GUSTAVE EFFEL
CITY-ST-ZIP	ISSY LES MOULINEAX CORDEX, 92136
TITLE	D
NAME	BALIET, ALAIN
STREET ADDRESS	5 ALLEE GUSTAVE EFFEL
CITY-ST-ZIP	ISSY LES MOULINEAX CORDEX, CA 92136
TITLE	D
NAME	MARTHE, LEUSR
STREET ADDRESS	5 ALLEE GUSTAVE EFFEL
CITY-ST-ZIP	ISSY LES MOULINEAX CORDEX, CA 92136
TITLE	D
NAME	DANDELOT, MARC
STREET ADDRESS	1270 AVENUE OF THE AMERICAS SUITE 2800
CITY-ST-ZIP	NEW YORK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ ERNESTO PENTENADO 01/5/2005 305-8631100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #