

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90114 001 \*\*\*317.50



**DOCUMENT # K12780**

1. Entity Name

**SONY BROADCAST EXPORT CORPORATION**

Principal Place of Business

5201 BLUE LAGOON DRIVE  
 SUITE 400  
 MIAMI FL 33126  
 US

Mailing Address

5201 BLUE LAGOON DR.  
 STE. 400  
 MIAMI FL 33126  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

22-2867168

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC  Delete  
 NAME KOZO, KAMINAGA  
 STREET ADDRESS 5201 BLUE LAGOON DR  
 CITY-ST-ZIP MIAMI FL 33126

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DP  Delete  
 NAME SAMPEI, KOICHI  
 STREET ADDRESS 5201 BLUE LAGOON DRIVE  
 CITY-ST-ZIP MIAMI FL 33126

TITLE  Change  Addition  
 NAME YOSHIBUMI KEZUKA  
 STREET ADDRESS 5201 Blue Lagoon Dr. Ste 300  
 CITY-ST-ZIP MIAMI FL 33126

TITLE V  Delete  
 NAME ZARATE, ALFONSO V  
 STREET ADDRESS 5201 BLUE LAGOON DRIVE  
 CITY-ST-ZIP MIAMI FL 33126

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME HALBY, KAREN  
 STREET ADDRESS 5201 BLUE LAGOON DR  
 CITY-ST-ZIP MIAMI FL 33126

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME ROTH, STEPHANIE  
 STREET ADDRESS 5201 BLUE LAGOON DR  
 CITY-ST-ZIP MIAMI FL 33126

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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.

**SIGNATURE:**

*Juan C. Rioja*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

(305) 260-4053

Daytime Phone #