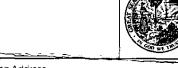
## **UNIFORM BUSINESS REPORT (UBR)**

## **2003 FOR PROFIT CORPORATION**

L01388 DOCUMENT # 1 Entity Name



## **FILED** Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90262 010 \*\*\*150.00

TV. CONTRACTOR, INC.					04-24-2003 30202	010 130	<i>3.</i> 00	
Principal Place of Business 4229 SW 75 AVE #F 4229 SW 75 AVE #F MIAMI FL 33155  Miami FL 33155						 	1 1   8 8	
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		65-0198897 I		pplied For ot Applicable	
Zip	Country	Zip	Country	5.	i. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Cur	rent Registered Agent	Nema	7.	. Name and Address of New Registere	d Agent		
MEDIMA	ALE IANDOO		Name					
MEDINA, ALEJANDRO 4229 SW 75 AVE., #F			Street A	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	•							
IALIWAM I F	33100		0			- 1 7: 0:		
			City		F	L Zip Coo	je	
	e named entity submits this statement tions of registered agent.	ent for the purpose of changing	its registered office or	registered a	agent, or both, in the State of Florida. La	m familiar with,	and accept	
trio obliga	aiona di rogistoro a agont.							
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (f)	IOTE: Registered Agent signat	re required when	n reinstating) DATE			
<u> </u>	ILE NOW!!! FEE IS \$150.00							
Afte	r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00			<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		OO May Be d to Fees	
10.	OFFICERS.	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 11	
TITLE	DP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRES*	MEDINA, ALEJANDRO		NAME STREET ADDRESS				1	
CITY-ST-ZIP	1751 SW 127TH CT		CITY-ST-ZIP				j	
TITLE :	DST	Delete	TITLE			☐ Change	Addition	
NAME	MEDINA, RAFAELA		NAME			<b>_</b> ••		
STREET ADDRESS	1751 SW 127TH CT	•	STREET ADDRESS				Ì	
CITY-ST-ZIP	MIAMI FL .		CITY-ST-ZIP		· <u></u>			
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	**	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME				1	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS		<del>-</del>	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				,	
TITLE		☐ Delete	TITLE			☐ Change	Addition -	
NAME	l .	—						
OTREET ADORESO	ľ		NAME				[	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				}	

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: 🔽