2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000026061



FILED Mar 05, 2003 8:00 am Secretary of State

HAITIAN TELEVISION NETWORK OF AMERICA, LLC					03-05-2003 9	0302 001 ****50.	.00
Principal Place of Business Mailing Address							
	DIXIE HIGHWAY. SUITE 1030	9700 SOUTH DIXIE HIGHWAY MIAMI FL 33156	r. Suite 1030				
2. Principal Place of Business 2800 Bis coaps. Mailing Address 2800 Bis coaps. Soute 810 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 810 Suite 81				ie	_	F MAKING CHANGES	
City & Sta	AI, FLORIDA	City & State FLORIDA		4. FEI Nu	mber 05238/3	 	pplied For ot Applicable
Zip 33/	37 11-5-A.	Zip 33137	Country 4	1 -	ate of Status Desired	S5.00 Ad	
	6. Name and Address of Current F	legistered Agent	Name	7. Name	and Address of New Re	gistered Agent	
SAMOLE, MYRON M 9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI FL 33156				dress (P.O. Box Nur	mber is Not Acceptable)	ANCUSO 1800 Biscay	Ine Block
	//		City	AMI		FL Zip Cod	le 7 7
8. The above named entity of mits this statement for the purpose of changing its registered office or registered agent both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE							
	Signature, typed Affinted name of registered agent ar	FILE NO	W!!! FEE IS \$5 to Florida Depa By May 1, 2003	0.00		DAIL	
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/C	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANCUSO, CLAUDE L 9700 SOUTH DIXIE HIGHWAY, SL MIAMI FL 33156	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1ANCUSO 1800 BISC MIANI FL	CLAUDE eque Blook	L. Etchange audies Stute 810	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAAR, ROGER 9700 SOUTH DIXIE HIGHWAY, SL MIAMI FL 33156	☐ Delete	NAME STREET ADDRESS	NGR TARR, ROG 2800, BAS MIAH: E	ER Carrie Bluce Logi DA 33	Change address 10	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTE, SAMUEL 9700 SOUTH DIXIE HIGHWAY, SU MIAMI FL 33156	☐ Delete	TITLE NAME	MG-R HARIE	SAMUEL Scapue Blux ORIDA 3	Change a Aduss	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	.,		☐ Change	Addition

11. I hereby certify that the information supplied with this filing doe indicated on this report is true and accurate and that my sour limited liability company or the receiver of trustee empoyed. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am a managing member or manager of the location of the same legal effect as if made under oath; that I am a managing member or manager of the location of the l

SIGNATURE: 丛 SIGNATURE AND TYPED OR CONTENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE