

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90108 020 ***150.00

DOCUMENT # *M 16412*

1. Entity Name
Estudios Televisivos Internacionales, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6890 Bamboo St

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami Lakes, FL

Zip
33014 Country
Dade

4. FEI Number
59-2541180

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
TORRES, CARLOS A

Street Address (P.O. Box Number is Not Acceptable)
4675 W 18 COURT No 1111

City
HIALEAH FL Zip Code
33012

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Carlos A. Torres 6890 Bamboo St Miami Lakes FL 33012</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Carmelo Torres 4675 W 18 Ct # 1111 Hialeah FL 33012</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (305) 825-2770

DATE

DAYTIME PHONE #