## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # M62838**

1. Entity Name
UNITED BROADCASTING CORPORATION



## **FILED** Mar 23, 2007 8:00 am Secretary of State 03-23-2007 90015 025 \*\*\*150.00

| Principal Place   | e of Business  | Mailing Address                          |                     |                     |             |  |   |                           |                                     |              |                    |              |
|---|--|--|---------------------|---------------------|-------------|--|---|---------------------------|-------------------------------------|--------------|--------------------|--------------|
| 2920 SW 7TH   | 1 STREET   | 2920                                     | SW 7TH STREET       |                     |             |  | 4   | 0020                      |                                     |              |                    |              |
| MIAMI, FL 33  |  | MIAMI, FL 33125 US                       |                     |                     |             |  |   |                           |                                     |              |                    |              |
|   |  |  |                     |                     |             |  |   | 1 130018031 (             | S dene esse inien aini ini          |              | 011 SIS11 BETT BIE |              |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address   |  |  |                     |                     |             |  |   |                           |                                     |              |                    |              |
|   |  |  |                     |                     |             |  | O BIHU HUEI IEISH HIIN TUI                  | I DIDI UNII U             | AN DIEN BIBN BIB                    | HEER II HEER |                    |              |
| 2920 N<br>Suite, Apt.   | 1.W. 7t  | 2920 N.W. 7th Street Suite, Apt. #, etc. |                     |                     |             |  |   |                           |                                     |              |                    |              |
| Cone, Apr.  | II, 010.   |  |                     |                     |             |  |   | 01172007                  | Chg-P                               | CR2E         | 034 (12/06)        |              |
| City & State  | <del></del>  |  | City & State        |                     |             |  | 4. FEI Numb                                 | er                        |                                     | Ap           | plied For          |              |
| Miami. Florida  |  |  | Miami, Florida      |                     |             |  |   | 65-0017500 Not Applicable |                                     |              |                    |              |
| Zip   |  |  |                     | Zip Country         |             |  |   | 5. Certificate            | of Status Desired                   |              | \$8.75 Add         |              |
| 33125 US  |  |  | 331                 | 33125 US            |             |  |   | Fee Required              |                                     |              |                    |              |
|   | 6. Name  | Registered                               | legistered Agent    |                     |             |  | 7. Name and Address of New Registered Agent |                           |                                     |              |                    |              |
|   |  |  |                     |                     |             | Name   |   |                           |                                     |              |                    |              |
| DIÁZ, FELIX M JR<br>2920 SW 7TH STREET  |  |  |                     |                     |             | Street Address (P.O. Box Number is Not Acceptable) |   |                           |                                     |              |                    |              |
| MIAMI, FL 33125   |  |  |                     |                     |             |  |   |                           |                                     |              |                    |              |
| 1413-1411, 1 E 00-120   |  |  |                     |                     |             | 2920 N.W. 7th Street                               |   |                           |                                     |              |                    |              |
|   |  |  |                     |                     |             | City Zip Code                                      |   |                           |                                     |              |                    |              |
|   |  |  |                     |                     |             |  | Mia   |                           |                                     |              |                    |              |
| 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. |  |  |                     |                     |             |  |   |                           |                                     |              |                    |              |
| ille Obligati   | ions on regisi   | icieu ageiii.                            |                     |                     |             |  |   |                           |                                     |              |                    |              |
| SIGNATURE_  |  |  |                     |                     |             |  |   |                           |                                     |              |                    |              |
|   | Signature, typed   | or printed name of registered agent      | and title if applic | able. (NOTE         | : Registere | d Agent signature                                  | e required                                  | when re-netating)         |                                     | DATE         |                    |              |
| 9. Election Campaign Financing \$5.00 May Be  |  |  |                     |                     |             |  |   |                           |                                     |              |                    |              |
|   |  | FEE IS \$150.00<br>7 Fee will be \$550.  |                     | Trust Fund Contr    |             |  | بت چ<br>Add                                 | .00 May Be<br>ed to Fees  |                                     |              |                    |              |
| Artes ma  | ay 1, 200  | 1 Lee will ne eason                      |                     |                     |             |  |   |                           |                                     |              |                    |              |
| 10.   | The state of the s |  |                     |                     |             |  |   | ADDITIONS                 | /CHANGES TO OFF                     | ICERS AN     | D DIRECTOR         |              |
| TITLE   | Р  |  |                     | Delete              | TIΠL        | - 1  |   |                           |                                     |              | Change             | Addition     |
| NAME MAN  | 1  |  |                     |                     | NAM         | - i  | 20.   | OO NI W                   | 7th Street                          | <b>-</b>     |                    |              |
| STREET ADDRESS  | 2920 SW 7TH STREET   |  |                     |                     |             | ±T ADORESS<br>-ST-ZIP                              | 25  | ZU IN.W.                  | /ur screet                          | _            |                    |              |
| CITY-ST-ZIP   | MIAMI, FL 33125  |  |                     |                     |             |  |   |                           |                                     |              |                    |              |
| TITLE   | VP   |  |                     | ☐ Delete            | nn.         |  |   |                           |                                     |              | Change             | Addition     |
| NAME<br>STREET ADORESS  | - · · -, · - · · · · · · · ·   |  |                     |                     | NAM         | ET ADDRESS   |   |                           |                                     |              |                    |              |
| CITY-ST-ZIP   |  |  |                     |                     |             | -ST-ZIP  |   |                           |                                     |              |                    |              |
|   | -  |  |                     |                     |             |  |   |                           | <del> </del>                        |              | ☐ Change           | ☐ Addition   |
| TITLE<br>NAME   | GARCIA.  | IUDITH                                   |                     | Delete              | TITL.       |  |   |                           |                                     |              | П ∩ ran∂s          | L. ACCESION: |
| STREET ADDRESS  |  | 7 STREET                                 |                     |                     |             | ET ADDRESS   |   |                           |                                     |              |                    |              |
| CITY-ST-ZIP   | MIAMI, FI  |  |                     |                     |             | -ST-ZIP  |   |                           |                                     |              |                    |              |
| TITLE   |  |  |                     | ☐ Delete            | FITL        |  |   |                           |                                     |              | ☐ Change           | ☐ Addition   |
| NAME  |  |  |                     |                     | NAM         |  |   |                           |                                     |              |                    |              |
| STREET ADDRESS  |  |  |                     |                     | STRE        | EET ADDRESS  |   |                           |                                     |              |                    |              |
| CITY-ST-ZIP   | [  |  |                     |                     | CITY        | -ST-ZIP  |   |                           |                                     |              |                    |              |
| TITLE   |  |  |                     | ☐ Delete            | tπι         | E  |   |                           |                                     |              | ☐ Change           | Addition     |
| NAME  |  |  |                     |                     | NAM         | E  |   |                           |                                     |              |                    |              |
| STREET ADDRESS  |  |  |                     |                     | STRE        | EET ADDRESS  |   |                           |                                     |              |                    |              |
| CITY-ST-ZIP   |  |  |                     |                     | CITY        | -ST-ZIP  |   |                           |                                     |              |                    |              |
| TITLE   |  |  |                     | Delete              | πt          | E  |   |                           |                                     |              | Change             | Addition     |
| NAME  |  |  |                     |                     | NAM         | -  |   |                           |                                     |              |                    |              |
| STREET ADDRESS  | · ·  |  |                     | •.                  |             | EET ADDRESS  |   |                           |                                     |              |                    |              |
| CITY-ST-ZIP   |  |  |                     |                     |             | -ST-ZIP  |   |                           |                                     |              |                    |              |
| 12. Thereby r   | certify that th  | e information supplied with              | athis filing o      | foes not mustify to | r the ex-   | emptions co  | ntainec                                     | in Chapter 11             | <ol><li>Florida Statutes.</li></ol> | I further ce | rtify that the it  | ntormation   |

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 empowerento 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: Judith Garcia

3-21-2007 (305) 642-7777