## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004634

Entity Name: SHOW T.V. NETWORK, INC

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5869 SW 16 ST 14545 ENGLISH RD MIAMI, FL 33155 14545 ENGLISH RD HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

PO BOX 669371 MIAMI, FL 33166

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 KOST, NESTOR G
 KOST, NESTOR G

 5869 SW 16 ST
 14545 ENGLISH RD

 MIAMI, FL 33155
 US

 HIALEAH, FL 33014
 US

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: NESTOR KOST 02/01/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition
lame: KOST. NESTOR G Name: KOST. NESTOR G

 Name:
 KOST, NESTOR G
 Name:
 KOST, NESTOR G

 Address:
 5869 SW 16 ST
 Address:
 14545 ENGLISH RD

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 HIALEAH, FL 33014

Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: MARTINEZ, FELICIANO Name:

 Name:
 MARTINEZ, FELICIANO
 Name:

 Address:
 74485 ST APT 1
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33141
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition
Name: CLAROS, VILMA I Name: CLAROS, VILMA I

 Address:
 5869 SW 16 ST
 Address:
 14545 ENGLISH RD

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip: HIALEAH, FL 33014

Address: 8821 W FLAGLER ST APT 309 Address: 8821 W FLAGLER ST APT 309

City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR KOST PD 02/01/2007