

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005911

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: STOP TV INC

## Current Principal Place of Business:

4117 W PALM AIRE DRIVE  
B4  
POMPANO BEACH, FL 33055

## New Principal Place of Business:

## Current Mailing Address:

4117 W PALM AIRE DRIVE  
B4  
POMPANO BEACH, FL 33069

## New Mailing Address:

18015 SW 29 CT  
MIRAMAR, FL 33029

FEI Number: 20-4965636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESPINDOLA, SILVANO  
4117 W PALM AIRE DRIVE  
B4  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESPINDOLA, SILVANO  
Address: 4117 W PALM AIRE DRIVE B4  
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: VP ( ) Delete  
Name: LANCHEROS, PEDRO  
Address: PO BOX 4483  
City-St-Zip: MIAMI, FL 33014

Title: S ( ) Delete  
Name: LARES, GUILLERMO  
Address: PO BOX 4483  
City-St-Zip: MIAMI, FL 33014

Title: T ( ) Delete  
Name: LARES, JORGE  
Address: PO BOX 4483  
City-St-Zip: MIAMI, FL 33014

Title: ST ( ) Delete  
Name: RAMIREZ, SADY  
Address: PO BOX 4483  
City-St-Zip: MIAMI, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JORGE LARES

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date