2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000005911

Entity Name: STOP TV INC

RT FILED
May 30, 2007
Secretary of State

Entity Nan	ne: STOPTV	INC					
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
4117 W PA	LM AIRE DRI	√E					
B4 POMPANO	BEACH, FL	33055					
	ailing Addres		New Maili	ng Address:			
	_	.	new man	ng Addiess.			
18015 SW MIRAMAR,							
FEI Number:	20-4965636	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	New Registered Agent:		
4117 W PA B4	A, SILVANO ILM AIRE DRI ¹ BEACH, FL						
The above in the State		submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, o	r both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
OFFICERS	AND DIREC	TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRE	ECTORS:	
Title: Name: Address: City-St-Zip:	P () ESPINDOLA, S 4117 W PALM A POMPANO BEA	AIRE DRIVE B4	Title: Name: Address: City-St-Zip:	()) Change () Addition		
Title: Name: Address: City-St-Zip:	VP () LANCHEROS, F PO BOX 4483 MIAMI, FL 330		Title: Name: Address: City-St-Zip:	VP (X LARES, GUILL PO BOX 4483 MIAMI, FL 330			
Title: Name: Address: City-St-Zip:	S () LARES, GUILLE PO BOX 4483 MIAMI, FL 330		Title: Name: Address: City-St-Zip:	()) Change () Addition		
Title: Name: Address: City-St-Zip:	T () LARES, JORGE PO BOX 4483 MIAMI, FL 330		Title: Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	ST () RAMIREZ, SAD PO BOX 4483 MIAMI, FL 330		Title: Name: Address: City-St-Zip:	()) Change () Addition		

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 05/30/2007