2002 UNIFORM BURINESS

DOCUMENT # N9700002794 1. Entity Name HAITIAN AMERICAN COMMUNITY BROADCASTING ASSOCIAT ION, INC.					FILED		
				02 0	02 OCT 15 AM II: 50		
Principal Place of Business Mailing Address					PRETARY OF STATE AHASSEE, FLORIDA		
12393 NE 6TH AVENUE MIAMI FL 33161		12393 NE 6TH AVENUE MIAMI FL 33161		I IALL	AHASSEE, FLORID <i>A</i>	i	
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	4. FEI Number NOT APPLICABLE Applied For		
Zip	Country	Zip	Country	5. Certificate of S		\$8.75 A	Not Applicable
	6. Name and Address of Curren	t Registered Agent		7. Name and Ad	dress of New Registered	Fee Requir	red
			Name			<u> </u>	
	IEL, RÁYMOND E 6TH AVENUE	Street Address		ress (P.O. Box Number is	s (P.O. Box Number is Not Acceptable)		
MIAMI FL	. 33161				_		-
			City		FL	Zip Coo	
the above	e named entity submits this statement for ations of registered agent.	or the purpose of changing its	registered office or re	gistered agent, or both, in	the State of Florida. I am:	familiar with	, and accept
SIGNATURE : ####################################	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature r	equired when reinstating)	DATE		
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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 changed, or on an attachment with an address with all other like empowered. REZURED SIGNATURE: