

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2007  
Secretary of State

DOCUMENT# N98000000779

Entity Name: CROSS TV INCORPORATED

**Current Principal Place of Business:**

370 CAMINO GARDENS BLVD.  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

370 CAMINO GARDENS BLVD.  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 65-0815185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH, FL 33401 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIELAR, MARK A  
Address: 370 W. CAMINO GARDEN, BLVD. 300  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: MASTRORIO, PETER  
Address: 5133 HERON PLACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: BROWN, ANITA  
Address: 3000 NW 16TH AVE. D407  
City-St-Zip: OAKLAND PARK, FL 33334

Title: D ( ) Delete  
Name: ALSHON, NINA  
Address: 1177 SW 21 ST  
City-St-Zip: BOCA RATON, FL 33486

**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:

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: PETER MASTRORIO

MR.

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date