


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007387</b> 1. Entity Name <b>ASSOCIATION TELEVISION FRANCAISE INC.</b>	
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Principal Place of Business <b>2209 SO LAKE DR FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>2209 SO LAKE DR FORT LAUDERDALE, FL 33312</b>
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01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0983184</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAPIERRE, ROLLAND 3030 WEST HALLANDALE HALLANDALE, FL 33009</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUAY, VITAL 2209 S LAKE DRIVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARRAZIN, GILLES 2 SPRUCE STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAPIERRE, ROLLAND 3030 W HALLANDALE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROY, JANICE 317 NW 48TH COURT POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARIL, JACQUES 900 SW 20TH TERRACE APT 5-8 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/08-80037-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **08/01/06** **954-967-6647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #