FOR PROFIT CORPORATION

2002 8.00 at

UNIFORM BUSINESS REPORT (UBR)					Secretary of State			
DOCL 1. Entity Na	JMENT # POOOX	0014875				2 90037 025 *		
	B AMERICA TV	CORP.	V					
DO NOT WRITE IN THIS SPACE					•	,		
			/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				•	
224	Place of Business DATURA ST.	ea st.			•			
Suite, Apt. #, etc. SUITE 1012 SUITE 1012 SUITE 1012					DO NOT WRITE IN THIS SPACE			
WEST	PALM BCH. FLURIDA	City & State WEST PALM BCI	4. FLORIL	DA 4.	FEI Number //20980	9	Applied For Not Applicable	
3340	O/ Country A	33401	Country A	5.	Certificate of Status Desired	□ \$8.7	5 Additional	
:					ame and Address of Current i	Registered Agen	•	
	DO NOT WE	NTE	Name C	PIEGE	L+UTRERP	P.A.		
IN THIS SPACE				ddress (P.O. Box Number is Not Acceptable)				
	1840	1840 SW 22NOST. 4TH FLOOR						
			City	MIAMI FL Zin Code				
8. The above	e named entity submits this statement for th	e purpose of changing its r	registered office or				35/83	
					jernijo. Soda, mrato otale dri joji			
SIGNATURE	Signature, typed or printed name of registered agent and	itle if applicable /AIOTE-	Pagistared Agost six about					
• This corns			Registered Agent signatur		existating)	DATE	-	
Tax filing requirement and elects to do so. After May 1,			Fee is \$550.00	:00	10. Election Campaign Financing \$5.00 May Be			
Make Check Payable			UBR is \$61.25 e to Department	of State	Trust Fund Contribution.	☐ À	dded to Fees	
11.	OFFICERS AND DIF	RECTORS						
NAME	DELIA BRYAN L.		THTLE NAME			•	(12/01)	
STREET ADDRESS	DELIA, BRYAN L. 224 DATURA ST. #1012		STREET ADDRESS				[1]	
CITY-ST-ZIP	WEST PALM BEACH,	FL-33401	CtTY-ST-ZIP					
TITLE		•	TITLE					
NAME STREET ADDRESS			NAME STREET APPRECES			ħ	CR2	
CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP			*	1	
TITLE		-	TITLE					
NAME			NAME					
STREET ADDRESS	<u> </u>		STREET ADDRESS		DO-NOT-V	MDITE.		
TITLE		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP					
NAME			TITLE NAME		IN THIS S	PACE	j	
STREET ADDRESS			STREET ADDRESS		_			
CITY-ST-ZIP		-	CITY-ST-ZIP			•	1	
TITLE NAME			TITLE					
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			TITLE					
NAME STREET ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					

13. I hereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i), 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 distance of the corporation of the receiver of distance of the corporation of the corporation of the corporation of the corporation of the receiver of distance of the corporation of th

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR