


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90304 012 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P00000042794</u>			
1. Entity Name <u>TELE T.V. VIDEO INC.</u> ✓			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>3016 NW 79th Ave</u>		3. Mailing Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, & State <u>Miami, FLORIDA.</u>		City & State	
Zip <u>33122</u>	Country <u>U.S.A.</u>	Zip	Country
4. FEI Number <u>65-1002220</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>EDUARDO FERNANDEZ</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3016 NW 79th Ave</u>			
City <u>Miami</u>		FL	Zip Code <u>33122</u>
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 <u>[Signature]</u>		DATE <u>04/21/2003</u>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE <u>P.D.</u>		TITLE	
NAME <u>FERNANDEZ EDUARDO</u>		NAME	
STREET ADDRESS <u>3016 NW 79th Ave</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Miami, FLORIDA, 33122</u>		CITY-ST-ZIP	
TITLE <u>V.D.</u>		TITLE	
NAME <u>HERNANDEZ DANIEL</u>		NAME	
STREET ADDRESS <u>3016 NW 79th Ave</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Miami, FL, 33122</u>		CITY-ST-ZIP	
TITLE <u>S.D.</u>		TITLE	
NAME <u>PUERTAS, PAULA A.</u>		NAME	
STREET ADDRESS <u>3016 NW 79th Ave</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Miami, FL, 33122</u>		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		DATE <u>04/21/2003</u> (305) 714-9339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)