

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057396

FILED
Apr 24, 2004
Secretary of State

Entity Name: O.T.V. KING CORPORATION

Current Principal Place of Business:

3705 W FLAGLER ST.
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

19195 MYSTIC POINTE DR
#2205
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1060762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CESAR, OSVALDO D
19195 MYSTIC POINTE DR. #2205
MIAMI, FL 33180

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CESAR, OSVALDO D
Address: 19195 MYSTIC POINTE DR #2205
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: SWADKINS, JUIANA
Address: 19195 MYSTIC POINTE DR #2205
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SWADKINS, VIVIANA
Address: 19195 MYSTIC POINTE DR #2205
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO CESAR

D

04/24/2004

Electronic Signature of Signing Officer or Director

_____ Date