2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State

DOCUMENT # P0000079603 1. Entity Name THE LATIN ENTERTAINMENT-NETWORK, INC.				Secretary of State 04-28-2003 90196 007 ***158.75	
4630 SOUTH ORLANDO FL		Mailing Address 4630 SOUTH KIRKMAN RO ORLANDO FL 32811-2802	AD #153		
4630	Place of Bysiness South Kirkman Rd. #. etc.	3. Mailing Address 46 30 South Suite, Apt. #, etc.	Kirkman Rd.	_	litti t o o t
Suite, Apt # 15		#153	<u> </u>	CHECK HERE IF MAKING CHANGES	
City & Stat	do, FC	Orlando, F	·C		plicable
32811-6		32811-2802	Country USA	5. Certificate of Status Desired \$8.75 Addition Fee Required	ıal
	6. Name and Address of Current R	legistered Agent	Name //	7. Name and Address of New Registered Agent	
HERNANE	DEZ, ANTHONY			P.O. Box Number is Not Acceptable)	
4630 SOUTH KIRKMAN ROAD #153			4630	South Kirkman Rd., #15	3
ORLANDO) FL 32811-2802				
			City Orl	ando, FL FL Zip Code 32811-6	2802
	named entity submits this statement for lions of registered agent.	the purpose of changing its r		red agent, or both, in the State of Florida. I am familiar with, and	
SIGNATURE	Signature, typed or printed dome of registered agent an	d the applicable. (NOTE:	Registered Agent signature required	4/23/2003 parts 1 when reinstating)	
After	ILE NOW!!! FEE IS \$150.00 May 1; 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 M Trust Fund Contribution. Added to I	
10.	OFFICERS AND E		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST_ZIP	PD: HERNANDEZ, ANTHONY M 4630 SOUTH KIRKMAN ROAD #1 ORLANDO FL 32811-2802	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, ANTONIO M 4630 SOUTH KIRKMAN ROAD #19 ORLANDO FL 32811-2802	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition &
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOOD, SCOTT E 4630 SOUTH KIRKMAN ROAD #19 ORLANDO FL 32811-2802	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Addition
12. I hereby of indicated of the corchanged	certify that the information supplied with a on this report or supplemental report is to poration or the receiver or trustee empoys or on an attachment with an address, when the supplement with an address, who was the supplement with an address, who was a supplement with the supplemental supplementation of the supplemental supplementation is supplementation.	his filing does not qualify for rue and documente and that provered to be suffered to the control of the contro	We exemption stated in Se y signature shall have the s required by Chapter 607	ction 119.07(3)(i), Florida Statutes. I further certify that the information in the same legal effect as if made under oath; that I am an officer or dr., Florida Statutes; and that my name appears in Block 10 or Block.	nation irector ck 11 if

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OF DIRECTOR

rj/23/2003

907-903-1061

Daytime Phone #