2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051672

MONESTIME, KETTIA

13018 NE 8 AVE

N. MIAMI, FL 33161

Name: Address:

City-St-Zip:

FILED Apr 30, 2005 Secretary of State

Entity Name: CARIBBEAN MEDIA NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 13018 NE 8 AVE N. MIAMI, FL 33161 **Current Mailing Address: New Mailing Address:** 13018 NE 8 AVE N. MIAMI, FL 33161 FEI Number: 01-0718752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE-CONEL, ALAND ALAND PIERRE-CANEL, CPA, PA 12794 W. DIXIE HWY 12794 W. DIXIE HWY N. MIAMI, FL 33161 N. MIAMI, FL 33161 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: ALAND PIERRE-CANEL 04/30/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PIERRE-LOUIS, JACQUES Name: Name: 13018 NE 8 AVE Address: Address: City-St-Zip: N. MIAMI, FL 33161 City-St-Zip: Title: SD Title: () Delete () Change () Addition SINAL, MAXO Name: Name: 13018 NE 8 AVE Address: Address: N. MIAMI, FL 33161 City-St-Zip: City-St-Zip: () Delete Title: Title: PD () Change () Addition MONESTIME, JEAN Name: Name: 13018 NF 8 AVE Address: Address: City-St-Zip: N. MIAMI, FL 33161 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAND PIERRE-CANEL 04/30/2005 RA