

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90009 016 \*\*\*158.75

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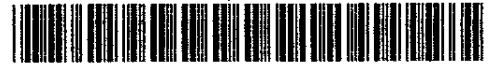
1. Entity Name  
GTV NETWORKS, INC.



Principal Place of Business  
102 NE 2ND ST. #258  
BOCA RATON, FL 33432

Mailing Address  
102 NE 2ND ST. #258  
BOCA RATON, FL 33432

44048935



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1126837

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERSTIN, JOSHUA F ESQ  
1515 N FEDERAL HWY STE 300  
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
WINTER, DAVID  
102 2ND ST., #288  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
102 NE 2nd St. #258  
Boca Raton, FL 33432 ☒ 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  
" ☐ 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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Winter David Winter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-04 954-428-1950  
Date Daytime Phone #