


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90196 022 ***150.00

DOCUMENT # P01000079847

1. Entity Name
 ZIPCODETELEVISION, INC.



Principal Place of Business *201 4th St* Mailing Address *201 4th St*
~~1610 LENOX AVE~~ ~~506 200~~ ~~MIAMI BCH, FL 33139~~
 1610 LENOX AVE ~~506 200~~ MIAMI BCH, FL 33139

2. Principal Place of Business - No P.O. Box # *201 4th St* 3. Mailing Address *201 4th St*
 Suite, Apt. #, etc. *200* Suite, Apt. #, etc. *200*

City & State *MIAMI BEACH FLA* City & State *MIAMI BEACH FLA*
 Zip *33139* Country *USA* Zip *33139* Country *USA*

02092007 Chg-P CR2E034 (12/06)

4. FEI Number **61-1428725** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
 SILVERTHORNE, ANDREA
~~1610 LENOX AVE~~ *201 4th St*
~~506~~ *200*
 MIAMI BCH, FL 33139

7. Name and Address of New Registered Agent
 Name *ANDREA SILVERTHORNE (SAME)*
 Street Address (P.O. Box/Member Is Not Acceptable) *201 4th Street*
200
 City *MIAMI BEACH* FL Zip Code *33139*

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]* *ANDREA SILVERTHORNE* DATE: *4-24-07*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVERTHORNE, ANDREA	
STREET ADDRESS	1610 LENOX AVE <i>201 4th St</i>	
CITY-ST-ZIP	MIAMI BCH, FL 33139 <i>SUITE 200</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* DATE: *4-24-07* Daytime Phone #: *705 322-9055*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR