## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 05, 2008 08:00 Al DOCUMENT # P01000115165 **Secretary of State** 1. Entity Name THE BROADCAST WAREHOUSE, INC. Principal Place of Business Mailing Address 736 NE 81ST STREET 736 NE 81ST STREET MIAMI, FL 33138 MIAMI, FL 33138 02222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-0003730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YLISASTIGUI, ANGEL L DO NOT WRITE 736 NE 81ST STREET MIAMI, FL 33138 IN THIS SPACE 8. The above named eg e of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re stered age SIGNATURE. e of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE YLISASTIGUI, ANGEL L NAME STREET ADDRESS 736 NE 81ST STREET U00000847740 CITY ST-ZIP MIAMI, FL 33138 03/19/08-80031-014 150.00 THEF NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY - 51 - 7/2 TITLE NAME STREET ADDRESS CITY - ST - 7IP

I hereby certify that the information supplied with this hing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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 reserver 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 attach sensitive mythan address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supp

SIGNATURE: