


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90304 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000000714
 1. Entity Name
TELE T.V. INC. ✓



90102690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3016 NW 79th Ave
 Suite, Apt. #, etc.

3. Mailing Address
Same
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State

4. FEI Number
02-0336935

Applied For
 Applied For
 Not Applicable

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

Zip
33122 Country
U.S.A.

Zip
 _____ Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
EDUARDO FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
3016 NW 79th Ave

City
Miami State
FL Zip Code
33122

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] DATE 04/21/2003

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.D. FERNANDEZ EDUARDO 3016 NW 79th Ave Miami, Florida 33122</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.D. HERNANDEZ DANIEL 3016 NW 79th Ave Miami, Florida, 33122</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 04/21/2003 (305) 714-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR