

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90203 029 ***150.00

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1. Entity Name
ZEAL TELEVISION USA INC.



Principal Place of Business
**420 LINCOLN ROAD
SUITE 500
MIAMI BEACH, FL 33139**

Mailing Address
**420 LINCOLN ROAD
SUITE 500
MIAMI BEACH, FL 33139**

50052672



04022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0015553
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAPTISTE, GABRIEL J
420 LINCOLN ROAD
SUITE 500
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHRISTIANSEN, JENS P
STREET ADDRESS	FLAT 7, 10-12 NORTH MEWS
CITY-ST-ZIP	LONDON, - WC1N 2JN
TITLE	STD
NAME	BAPTISTE, GABRIEL J
STREET ADDRESS	17880 NE 31ST CT, APT. 2302
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	STD
NAME	GLASSER, MITCHELL S.
STREET ADDRESS	5026 STARBOARD DR.
CITY-ST-ZIP	CAVENHORS, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 provided 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, 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 **305-664-5670**
Date Daytime Phone #