
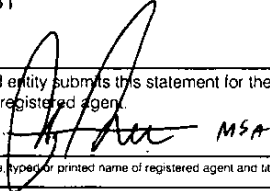
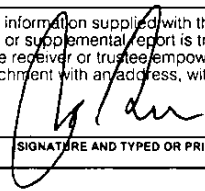


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90051 036 ***150.00

DOCUMENT # P02000046431 1. Entity Name DIGITAL TELEVISION LATIN AMERICA, INC.																													
Principal Place of Business 1698 JEFFERSON AVE SUITE 10 MIAMI BEACH, FL 33139 US			Mailing Address 1698 JEFFERSON AVE SUITE 10 MIAMI BEACH, FL 33139 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 612065 Suite, Apt. #, etc.																											
City & State Zip Country		City & State N. MIAMI, FL Zip Country 33261 USA		4. FEI Number 27-0009578																									
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent AKERMAN, MELVIN S 1800 SANS SOUCI BLVD APT. #221 MIAMI, FL 33181			7. Name and Address of New Registered Agent 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  MSA DATE 4/28/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PDS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AKERMAN, MELVIN S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1800 SANS SOUCI BLVD, APT 221</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33181</td> <td></td> </tr> </table>			TITLE	PDS	<input type="checkbox"/> Delete	NAME	AKERMAN, MELVIN S		STREET ADDRESS	1800 SANS SOUCI BLVD, APT 221		CITY-ST-ZIP	MIAMI, FL 33181		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1698 JEFFERSON AVE STE 10</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1698 JEFFERSON AVE STE 10	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI BEACH, FL 33139		STREET ADDRESS			CITY-ST-ZIP		
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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:  DATE 4/28/07 DAYTIME PHONE # 305-677-2626 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													