

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 050 ***150.00

0000550 AV

DOCUMENT # P02000129375

1. Entity Name
BROWARD TV, INC.



Principal Place of Business
**7370 NW 36 STREET STE 406
MIAMI FL 33166**

Mailing Address
**7370 NW 36 STREET STE 406
MIAMI FL 33166**



2. Principal Place of Business

7370 NW 36 Street

3. Mailing Address

7370 NW 36 St

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

Miami

City & State

Florida

Zip

33166

Country

EEUU

Zip

33166

Country

EEUU

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-4226357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JIMENEZ, LUIS
7370 NW 36 STREET STE 406
MIAMI FL 33166**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **D JIMENEZ, LUIS**
STREET ADDRESS **872 STATON DR**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME **D GARCIA, LAURA**
STREET ADDRESS **1821 SW 164 AVE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME **D GUTIERREZ, ALEJANDRO**
STREET ADDRESS **3200 SW 190 AVE**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
NAME **D GUIA, CARLOS**
STREET ADDRESS **876 VANDA**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 786-2869684

Date Daytime Phone #

CR2E034 (10/02)