

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132496

Entity Name: MASMUSICA TEVE NETWORK, INC.

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

3310 KELLER SPRINGS RD.  
CAROLLTON, TX 75006

## New Principal Place of Business:

## Current Mailing Address:

299 ALHAMBRA CIRCLE  
SUITE 510  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 16-1647958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABALLERO, EDUARDO  
299 ALHAMBRA CIRCLE  
SUITE 510  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: CABALLERO STAFFORD, ROSAMARIA  
Address: 299 ALHAMBRA CIRCLE SUITE 510  
City-St-Zip: CORAL GABLES, FL 33134

Title: D/P ( ) Delete  
Name: CABALLERO, EDUARDO  
Address: 299 ALHAMBRA CIRCLE SUITE 510  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete  
Name: STAFFORD, PETER J  
Address: 299 ALHAMBRA CIRCLE SUITE 510  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete  
Name: SPENGLER, PETER J  
Address: 299 ALHAMBRA CIRCLE SUITE 510  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL O. PENA

CTRL

04/24/2006

Electronic Signature of Signing Officer or Director

Date