2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# P03000045595

Entity Name: BROADCAST SOLUTIONS TEAM, CORP.

Current Principal Place of Business:

7368 SW 113 CIRCLE PLACE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7368 SW 113 CIRCLE PLACE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 04-3753932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORDO-MARTINEZ, ESQ., BLANCA R
9350 SOUTH DIXIE HIGHWAY
10TH FLOOR
MIAMI, FL 33156 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: DP ( ) Delete
Name: FONT, LUIS
Address: 7368 SW 113 CIRCLE PLACE
City-St-Zip: MIAMI, FL 33173

Title: V ( ) Delete
Name: FONT, LUIS MANUEL
Address: 7368 SW 113 CIRCLE PLACE
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete
Name: FONT, ISABEL C
Address: 7368 SW 113 CIRCLE PLACE
City-St-Zip: MIAMI, FL 33173

Title: V ( ) Delete
Name: FONT, ALEX
Address: 7368 SW 113 CIRCLE PLACE
City-St-Zip: MIAMI, FL 33173

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 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: ISABEL C. FONT SD 03/14/2008

Electronic Signature of Signing Officer or Director — Date