

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 MAR 15 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000054261

1. Entity Name

*New Light Television Corp*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5201 BLUE LAGOON DRIVE

3. Mailing Address  
5201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.  
908

Suite, Apt. #, etc.  
908

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33126

Country  
DADE

Zip  
33126

Country  
DADE

4. FEI Number 77-0599579

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *RICARDO AMEZQUITA*

Street Address (P.O. Box Number is Not Acceptable)

*5201 BLUE LAGOON DRIVE #908*

City *MIAMI*

FL

Zip Code *33126*

**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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/08/2004*

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
RICARDO AMEZQUITA - PRESIDENT  
5201 BLUE LAGOON DRIVE- STE 908  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/08/2004*

Date

*305-716-4075*

Daytime Phone #

CR2E034B (12/02)