

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
08-05-2005 90003-039 \*\*\*150.00  
P03000095294

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05 AUG 19 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE K. Ecker! AUG 19 2005  
CR2E034 (10/04)

<b>DOCUMENT # P03000095294</b>					
1. Entity Name <b>NEWS HUNTER, INC.</b>					
Principal Place of Business <b>8045 N.W. 36 STREET SUITE: 506 MIAMI FL 33166 US</b>			Mailing Address <b>8045 N.W. 36 STREET SUITE: 506 MIAMI FL 33166 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>04-3775378</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIAZ, MINERVA 4720 N.W. 114 AVE. APT: 204 MIAMI FL 33178</b>			7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLANOS, RICARDO 8045 N.W. 36 STREET SUITE: 406 MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASILIS, KENIA 4720 N.W. 114 AVE. APT: 204 MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			Date _____ Daytime Phone # _____		

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ATTACHMENT  
#P03000095294  
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**News**

**Hunter**

News, video and productions Comp.

8045 NW 36 St, Suite 506 Miami, FL 33166

Tel: 305 593 1343 Fax: 305 593 5899

BY THESE LETLER I CONFIRM THAT YOU DID NOT POSTED A CHECK  
THAT MY COMPANY SENT IN APRIL 20 2005. I SPOKE TO AN OFFICER AND  
SHE TOLD ME THAT I CAN SEND ANOTHER CHECK ATTACHED WITH THIS  
NOTE.

  
KENIA BASILEIS  
305 593 13 43