

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000096324

FILED
Sep 22, 2005
Secretary of State

Entity Name: HAITIAN TELEVISION NETWORK OF AMERICA, INC.

Current Principal Place of Business:

2800 BISCAYNE BLD, STE 810
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2800 BISCAYNE BLD, STE 810
MIAMI, FL 33137

New Mailing Address:

FEI Number: 06-1712222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOLE, MYRON M
9700 SOUTH DIXIE HWY, STE 1030
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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARTE, SAMUEL
Address: 2800 BISCAYNE BLD, STE 810
City-St-Zip: MIAMI, FL 33137

Title: PD () Delete
Name: MANCUSO, CLAUDE L C
Address: 2800 BISCAYNE BLD, STE 810
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: JAAR, ROGER
Address: 2800 BISCAYNE BLD, STE 810
City-St-Zip: MIAMI, FL 33137

Title: D (X) Delete
Name: BELIARD, FRED
Address: 2800 BISCAYNE BLD, STE 810
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BELIARD, FRED
Address: 2800 BISCAYNE BLD, STE 810
City-St-Zip: MIAMI, FL 33137

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 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 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: SAMUEL HARTE

D

09/22/2005

Electronic Signature of Signing Officer or Director

Date