

P03000096324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

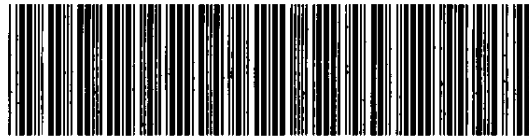
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RABO
4/14/10
TC

COVER LETTER

TO: Amendment Section
Division of Corporations


SUBJECT: Haitian Television Network of America, INC.
Name of Corporation

DOCUMENT NUMBER: PD3000096324

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel Santamaria
Name of Contact Person


Firm/Company

13001 N.W. 107 Avenue
Address

Hialeah Gardens, FL 33018
City/State and Zip Code

angel.santamaria@cvnetwork.tv
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Santamaria at (305) 592-4141
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Haitian Television Network of America, INC
2. The principal office address: 13001 N.W. 107 Avenue, Hialeah Gardens,
FL 33018
3. The mailing address (if different): PO Box 160340, Hialeah,
FL 33016
4. Date of incorporation/qualification: 09/02/2003 Document number: P03000096324
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


Marcell Felipe
1401 Brickell Avenue Suite 500
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Angel Santamaria
13001 N.W. 107 Avenue
P.O. Box NOT acceptable
Hialeah Gardens, FL 33018

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

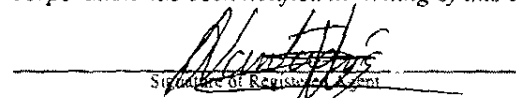


Signature of an officer or director

Caribevision Holdings INC, Title D

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

04.06.10

Date

If signing on behalf of an entity:

Angel Santamaria

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

RECEIVED
AND
FILED
10 APR 12 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA