## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

4/12

1. Entity Name	MENT # P03 SERVICES INC		<del>1</del> 8				04-12-200	04 90266	003 ***	150.00
Principal Place	of Business		Mailing Address							
810 SW 129 PLACE			810 SW 129 PLACE							
# 106 MIAMI, 33184			# 106 Miami, 33184			1				
initatii, QQT						_! !! <b>!!!!!!!</b> !!!!!	KIRI KIRI BAKU BIKU BAKU			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08042004	Chg-P	CR2E03	34 (10/03)	
City & State	City & State		City & State			4. FEI Number	.3139	394		plied For t Applicable
Zip	Country		Zip	Cour	itry	_	Status Desired	<b>(</b>	8.75 Add se Required	
	6. Name and Addre	ss of Current Reg	Istered Agent			7. Name and A	ddress of New F	Registered A	gent	
					_Name		~~~			<del></del>
JIMENEZ, JOSE M 810 SW 129 PLACE # 106					Street Address	(P.O. Box Number	is Not Acceptable	e)		
MIAMI, FL	33184									
					City	· · ·		FL	Zip Cod	e
8. The above the obligat	ions of registered agent	•								
the obligati	Signature, typed or printed name  LE NOW!!! FEE IS up by September	of registered agent and ii	9. Election Camp. Trust Fund Cor	aign Final			In accordance o	with s. 607.	193(2)(b),	F.S., the
the obligati	signature, typed or printed name  LE NOWILL FEE IS  ue by September	of registered agent and ii	9. Election Camp. Trust Fund Cor	aign Final	ncing \$5	5.00 May Be kided to Fees	In accordance of corporation did	with s. 607.		
the obligate	signature, typed or printed name  LE NOWILL FEE IS  ue by September	s of registered agent and ii \$150.00 8, 2004	9. Election Camp. Trust Fund Cor	aign Final	ncing \$5	5.00 May Be kided to Fees		with s. 607.		
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12. I nereby certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(I). Forida 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 of 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 assection with an address, with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR

8/23/04 so5-9785682



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 2, 2004

NEWS TV SERVICES INC. 810 SW 129 PLACE # 106 MIAMI, FL 33184

Subject: NEWS TV SERVICES INC.

Reference Number:

P03000118948

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/bg ANNUAL REPORTS SECTION