

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139007

FILED
Mar 08, 2005
Secretary of State

Entity Name: NEW SCREEN BROADCASTING CORPORATION, INC.

Current Principal Place of Business:

57 WEST PINE ST.
3RD FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

57 WEST PINE ST.
3RD FLOOR
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 71-0957600 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ASTROM, MARK E
57 WEST PINE ST.
3RD FLOOR
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASTROM, MARK
Address: 57 WEST PINE ST.
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete
Name: SHAH, NASEEM
Address: 57 WEST PINE ST.
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ASTROM, MARK
Address: 57 WEST PINE ST.
City-St-Zip: ORLANDO, FL 32801

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: MARK ASTROM

PRES

03/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date