
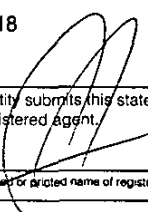
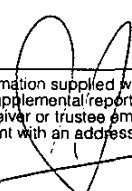


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90133 001 ***300.00

DOCUMENT # P04000092077 1. Entity Name PREMIUM TV CORPORATION					
Principal Place of Business 3130 WEST 84TH. STREET UNIT # 5 HIALEAH, FL 33018			Mailing Address 3130 WEST 84TH. STREET UNIT # 5 HIALEAH, FL 33018		
2. Principal Place of Business <i>1905 Harbor View Circle</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>WESTON FL</i>		City & State 		4. FEI Number 20-251620	
Zip 33327		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PERINOT, NESTOR 3130 WEST 84TH. STREET UNIT # 5 HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name <i>SALANOVA Antonio J.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1905 Harbor View Circle</i> City <i>WESTON</i> FL Zip Code <i>33327</i>		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 SALANOVA, ANTONIO J 3130 WEST 84TH. STREET UNIT # 5 HIALEAH, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERINOT, NESTOR 7776 S.W. 95TH. STREET MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					