

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90114 032 ***150.00

DOCUMENT # P04000119142	
1. Entity Name SUPERIOR TECHNOLOGIES IN BROADCASTING, CORP.	

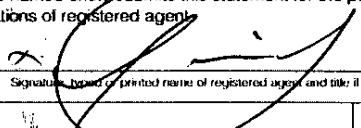
Principal Place of Business 3660 NE 18TH TERR STE 209 POMPANO BCH, FL 33064	Mailing Address 3660 NE 18TH TERR STE 209 POMPANO BCH, FL 33064
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50049619

2. Principal Place of Business 4301 N. FEDERAL Hwy #6	3. Mailing Address 4301 N. FEDERAL Hwy	04292005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. SUITE # 6	Suite, Apt. #, etc. SUITE # 6	4. FEI Number 20-1500358	Applied For Not Applicable
City & State POMPANO BCH, FL	City & State POMPANO BCH, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 33064	Country BRONARD	Zip 33064	Country

6. Name and Address of Current Registered Agent GOMES, GESIEL 4365 SW 10TH PL APT 105 DEERFIELD BCH, FL 33442	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4301 N. FEDERAL Hwy #6 City POMPANO BEACH FL Zip Code 33064
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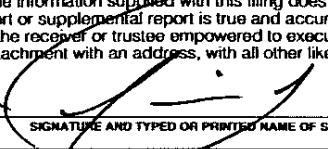
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating.) DATE **05/29/05**

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBEIRO SOARES, DAVID BEZERRA AVENIDA SAO JOAO 755 APT 85 SANTA EFIGENIA SAO PAULO SP, BR 01035100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBEIRO SOARES, ANDRE BEZERRA AVENIDA SAO JOAO 755 APT 85 SANTA EFIGENIA SAO PAULO SP, BR 01035100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBEIRO SOARES, MARCOS BEZERRA 6060 VILLAGE BEND DR APT 106 DALLAS, TX 75206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4301 N. FEDERAL Hwy #6 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMES, GESIEL 4365 SW 10TH PL APT 105 DEERFIELD BCH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **05/29/05** Daytime Phone #