2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90233 001 ***150.00
05-03-2005 90233 002 *****8.75
05-03-2005 90233 003 *****5.00

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03122005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000156545

1. Entity Name
CN TELEVISION CORP.

Principal Place of Business	Mailing Address
1975 NORMANDY DR. APTO 203# MIAMI BEACH, FL 33141	1975 NORMANDY DR. APTO 203# MIAMI BEACH, FL 33141

2. Principal Place of Business	3. Mailing Address
7700 Abbott Av.	7700 Abbott Av.
Suite, Apt. #, etc.: # 1	Suite, Apt. #, etc.: # 1
City & State: Miami Beach FL.	City & State: Miami Beach FL.
Zip: 33141 Country: U.S.A	Zip: 33141 Country: U.S.A.

4. FEI Number: 20-1899416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, JOSE
1975 NORMANDY DR.
APTO # 203
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name: José Castillo Sarmiento
Street Address (P.O. Box Number is Not Acceptable): 7700 Abbott Av.
Apt # 1
City: Miami Beach FL Zip Code: 33141

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: [signature] J. Castillo DATE: 04-27-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☑ **$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	DIR CASTILLO, JOSE M SR. 1975 NORMANDY DR. MIAMI BEACH, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 7700 Abbott Av. Apto 1 Miami Beach Fl. 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] J. Castillo 04-27-05 786 3264397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #