2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P05000106522 04-03-2006 90359 006 ***150.00 1. Entity Name FRANCO MEDIA TV & RADIO ADVERTISING CORP. Principal Place of Business Mailing Address 11542 NW 4TH WAY 11542 NW 4TH WAY MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number -0437169 Not Applicable Zīp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ESCOTO, FRANCO** Street Address (P.O. Box Number is Not Acceptable) 9871 FONTAINEBLEAU BLVD #105 MIAMI; FL 33,172 Zip Code 33172 MIAMI 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. 3-15-0 F acoto SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. tift F ☐ Delete TMI F Change ☐ Addition NAME ESCOTO, FRANCO NAME 11542 NW 4 WAY 8871 FONTAINEBLEAU BLVD #105 STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition ESCOTO, ALEXANDER NAME NAME 8871 FONTAINEBLEAU BLVD #105 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Change **Addition** ☐ Delete TITLE INNOVA ESCOTO NAME 11542 NW 4 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 MLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 amendadess, with all other like empowered.

FILED

3-15/06 (786) 499-85 03
Date Destine Proce #