## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 23, 2007 8:00 am Secretary of State

DOCUMENT # P06000068676						07-23-2007 90	038 010 ***150.00	
1. Entity Nam	BROAD	CASTING SYSTEM	1, INC					
Principal Plac	e of Busines	S	Mailing Address	<b>.</b>				
4924 SW 19	STH WAY		4 <del>024 SW 195TH WAY</del>	-				
MIRAMAR; FL	<del>L 33</del> 029		MIRAMAR, FL 33020					
						I ANNO BUIN CONTROLLINGO DE INCONTROL	BIJEL IBIKO BIJA JEBIH BIKAFUL KI ISPI	
			3. Mailing Address 402 N. Reo ST					
Suite, Apt.	# etc.		Suite, Apt. #, etc.		07182007	Chg-P Cf	R2E034 (12/06)	
City & State	<u>05</u>		City & State		4. FEI Numb	~	Applied For	
TAM		FLORIDA	TAMOA	Flori Dr		490 140	Not Applicable	
Zíp		Country	Zip 33609	Country		( Chatua Daniand	\$8.75 Additional	
336	209	HIIS DOSOUTH	33609	HI1/5BORD	OSh	of Status Desired	Fee Required	
	б. Name	and Address of Current F	Registered Agent		7. Name and	Address of New Registe	ered Agent	
OORDERO, ALFONSO								
8025 NVV 36 9T Street Address (P.O						er is Not Acceptable)		
STE 302 DORAL EL 33166 40 2						ED 57	Suite 205	
City						<u>,                                    </u>	FL Zip Code	
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. Lam familiar with, and accept the obligations of registered agent.								
2/50/67								
SIGNATURE	Signature, typed	or profed name of registerey agent a	title il applicable (HO)	Registered Agent signature re	equired when reinstating)		VIE /	
		FEE IS \$150.00 otember 14, 2007	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees		. 607.193(2)(b), F.S., the eceive the prior notice.	
10.	***	. OFFICERS AND I	L DIRECTORS	11.	ADDITIONS	L /CHANGES TO OFFICERS	S AND DIRECTORS IN 11	
THLE	PD 🐝		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	CHAPAR	•		NAME				
STREET ADDRESS CITY+ST-ZIP								
	VPD	O, FL 32825	П	CITY-ST-ZIP			1 4 4 1 1	
ILE الآو. NAME	ORTIZ, E	DWIN L	☐ Delete	TITLE	Addition			
STREET ADDRESS					ADDRESS AS PROMISED, VIA Phone Enclosed Find Check Addition			
CITY-ST-ZIP	MIRAMAR, FL 33029				יושאיק בוו	risco, VIA	p.,,,,,	
TITLE	D		☐ Delete	101.6	Cale	- I found o	-> horale Addition	
NAME STREET ADDRESS	ARROYO, MARID DEL C  NAME  NAME  STREE  STREE						<i>&gt;11</i> · · · · · · · · · · · · · · · · · ·	
		105TH \A/AV		STREET ADDRESS	ENCIOSA	, , , , , , , ,	_	
CITY-\$1-ZIP		195TH WAY R, FL 33029		STREET ADDRESS CITY-ST-ZIP	to BEN	vew COR	P.	
			☐ Delete	STREET ADDRESS CHY-ST-ZIP TITLE	to Ben	ver COR	P. Addition	
CITY-\$1-7IP	MIRAMAF SD CHAPAR	R, FL 33029	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	WEIDSA D BEN I AM	sending	P. this too Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029  RO, EVELYN  EYMORE DR	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	the Ben I AM Tho 15	sending	this to addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to BEN I AM The 15	sending ++me:M	P. This to 2 Addition to te	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029  RO, EVELYN  EYMORE DR	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	to Ben I AM The 15	sending the Hove	this the Addition Addition	
CITY-S1-ZIP  TIFLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029  RO, EVELYN  EYMORE DR		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to Ben I AM The 15	sending the Move	P. This to 2 Addition to te	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029  RO, EVELYN  EYMORE DR	□ Delete	STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME	to Ben TAM THE 150 WE HA	sending the Move	P. This to 2 Addition to te	
CITY-SI-ZIP  TITLE NAME SIREEI ADDRESS CITY-SI-ZIP  TITLE NAME SIREEI ADDRESS CITY-SI-ZIP  TITLE	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029  RO, EVELYN  EYMORE DR		STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE THE THE THE THE	to Ben TAM THE 15 WE HA	sending the Hove	P. This to 2 Addition to te	
CITY-SI-ZIP  TIFLE NAME SIREEI ADDRESS CITY-SI-ZIP  TITLE NAME SIREEI ADDRESS CITY-SI-ZIP  TITLE NAME	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029  RO, EVELYN  EYMORE DR	□ Delete	STREET ADDRESS CITY-SI-ZIP  HITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME	to Ben TAM IST WE HAD WE WI WAY I	sending to the Move of from	this the Addition of the Addit	
CITY-SI-ZIP  TITLE NAME SIREEI ADDRESS CITY-SI-ZIP  TITLE NAME SIREEI ADDRESS CITY-SI-ZIP  TITLE	MIRAMAF SD CHAPAR 2100 TRE	R, FL 33029  RO, EVELYN  EYMORE DR	□ Delete	STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE THE THE THE THE	to Ber I AM The 15 We had We WI May 1	sending the Move Move Move Move	this the Addition of the Addit	
CITY-SI-ZIP  IIILE NAME SIREEI ADDRESS CITY-SI-ZIP  IITLE NAME SIREEI ADDRESS CITY-SI-ZIP  IITLE NAME SIREEI ADDRESS CITY-SI-ZIP  IITLE NAME SIREEI ADDRESS CITY-SI-ZIP  12.   hereby 0	MIRAMAN SD CHAPAR 2100 TRE ORLAND	R, FL 33029  RO, EVELYN EYMORE DR O, FL 32825	☐ Deteile ☐ Deteile ☐ Deteile	STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TO the exemptions cont	TAM THE 15. WE hAS WE WI MAY 1 ained in Chapter 11	Sending  + +me:M  Hove  If Pay 6  9. Florida Statutes. I further	this be addition to the Addition addition and the Addition addition are certify that the information	
CITY-ST-ZIP  THLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the cor	MIRAMAF SD CHAPAR 2100 TRE ORLAND	R, FL 33029  RO, EVELYN EYMORE DR O, FL 32825  The information supplied with art or supplemental report her receiver or trustee empo	Delete  Delete  this filling does not qualify for true and accurate and that twered to execute this report	STREET ADDRESS CITY-SI-ZIP  HITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  or the exemptions continues as required by Chapte	TAM THE 15- WE HAD WE WI MAY 1 ained in Chapter 11	ending  + + me: M  HOVE    Pay      Florida Statutes.   further  ct as if made under oath;	this to addition of the additi	
CITY-ST-ZIP  THLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the cor	MIRAMAF SD CHAPAR 2100 TRE ORLAND	R, FL 33029  RO, EVELYN EYMORE DR O, FL 32825  The information supplied with art or supplemental report her receiver or trustee empo	☐ Delete ☐ Delete  this filing does not qualify for true and accurate and that	STREET ADDRESS CITY-SI-ZIP  HITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  or the exemptions continues as required by Chapte	TAM THE 15- WE HAD WE WI MAY 1 ained in Chapter 11	Sending  Hore  Hor	this be addition of the additi	