

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-23-2007 90038 010 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # P06000068676 1. Entity Name FIDELITY BROADCASTING SYSTEM, INC | | | |
| Principal Place of Business 4824 SW 195TH WAY MIRAMAR, FL 33029 | | Mailing Address 4824 SW 195TH WAY MIRAMAR, FL 33029 | |
| 2. Principal Place of Business - No P.O. Box # 402 N. RED ST | | 3. Mailing Address 402 N. RED ST | |
| Suite, Apt. #, etc. 205 | | Suite, Apt. #, etc. 205 | |
| City & State TAMPA FLORIDA | | City & State TAMPA FLORIDA | |
| Zip 33609 | | Zip 33609 | |
| Country Hillsborough | | Country Hillsborough | |
| 4. FEI Number 20-4901405 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GORDERO, ALFONSO 8025 NW 36 ST STE 302 DORAL, FL 33166 | | 7. Name and Address of New Registered Agent Name NOE CHAPARRO Street Address (P.O. Box Number is Not Acceptable) 402 N. RED ST Suite 205 City TAMPA FL Zip Code 33609 | |
| 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: DATE: 7/20/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete CHAPARRO, NOE 2100 TREYMORE DR ORLANDO, FL 32825 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Delete ORTIZ, EDWIN L 4824 SW 195TH WAY MIRAMAR, FL 33029 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete ARROYO, MARID DEL C 4824 SW 195TH WAY MIRAMAR, FL 33029 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete CHAPARRO, EVELYN 2100 TREYMORE DR ORLANDO, FL 32825 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Addition |
| 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 an address, with all other duly empowered. | | | |
| SIGNATURE: | | Date: 7/20/07 Daytime Phone #: 813-1037 8000 | |

*As promised, via phone
Enclosed find check
to RENEW CORP.
I AM sending this for
the 1st time. NOTE
we have moved.
we will pay before
May 1st from now
on.*