2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# P06000104347

Entity Name: SOUTH TELEVISION SYSTEM INC

Current Principal Place of Business:

7270 NW 12TH STREET
840
MIAMI, FL 33126

New Principal Place of Business:

7270 NW 12TH STREET
440
MIAMI, FL 33126

Current Mailing Address:

14312 SW 103RD TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 26-1613245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, CARLOS A MR
14312 SW 103RD TERRACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	CAMOVER INTERNATIONA, L GROUP CO	
Address:	14312 SW 103 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	PD	( ) Delete
Name:	ALVAREZ, MONICA E MRS	
Address:	14312 SW 103RD TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VPD	( ) Delete
Name:	ALVAREZ, LIVIA M MS	
Address:	14312 SW 103RD TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VPD	(X) Delete
Name:	AGUIRRE, HECTOR R MR	
Address:	14312 SW 103 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VPD	(X) Delete
Name:	TALLEDO, CESAR MR	
Address:	14312 SW 103 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VPD	(X) Delete
Name:	REVOREDO, LUIS J MR	
Address:	14312 SW 103 TERRACE	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CEO	(X) Change ( ) Addition
Name:	ALVAREZ, CARLOS A MR	
Address:	14312 SW 103 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA E. ALVAREZ PD 02/28/2008

Electronic Signature of Signing Officer or Director — Date