2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053769

City-St-Zip:

NORTH MIAMI, FL 33181 US

Entity Name: DIGITAL BROADCASTING TELEVISION INC

FILED Apr 24, 2009 Secretary of State

Entity Name: DIGITAL BROADCASTING TELEVISION INC					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2790 NW 79 AVE DORAL, FL 33122			6991 NW 82 AVENUE MIAMI, FL 33122	6991 NW 82 AVENUE BAY #8 MIAMI, FL 33122	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1687 NE 12 NORTH MI	23 RD ST AMI, FL 33181	US	7660 SW 83 COURT MIAMI, FL 33143 U	JS	
FEI Number:	20-8974809	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SIMONETTA, GIUSEPPE 1687 NE 123 RD ST NORTH MIAMI, FL 33181 US			7660 SW 83 COURT		
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CLAUDIA CZETYRKO				04/24/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () I SIMONETTA, GIU 1687 NE 123 RE NORTH MIAMI, F	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () DUARTE, LILIAN 1687 NE 123 RD NORTH MIAMI, F	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DT () I SIMONETTA, MA 1687 NE 123 RD		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: GIUSEPPE SIMONETTA P 04/24/2009