2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114860

Entity Name: CARIBCAST INC.

Title:

Name:

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ROBERTSON, TYRONE

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10021 PINES BLVD SUITE 213 PEMBROKE PINES, FL 33024 **New Mailing Address: Current Mailing Address:** 10021 PINES BLVD 691 WILLOW BEND ROAD SUITE 213 WESTON, FL 33327 PEMBROKE PINES, FL 33024 FEI Number: 26-1266154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LEWIS, MICHAEL LEWIS, MICHAEL 10021 PINES BLVD 691 WILLOW BEND ROAD SUITE 213 WESTON, FL 33327 PEMBROKE PINES, FL 33024 US 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: MICHAEL LEWIS 04/07/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEWIS, MICHAEL Name: Name: 10021 PINES BLVD, SUITE 213 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip:

Title:

Name:

Address: 10021 PINES BLVD, SUITE 213 Address:
City-St-Zip: PEMBROKE PINES, FL 33024 US 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: MICHAEL LEWIS MR. 04/07/2009

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