

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90330 027 ***150.00

DOCUMENT # P92000004163					
1. Entity Name OKEECHOBEE TELEVISION CORPORATION					
Principal Place of Business 1520 NW 79 AVE. MIAMI, FL 33126			Mailing Address 1520 NW 79 AVE. SUITE 0-305 MIAMI, FL 33126		
2. Principal Place of Business 13001 NW 107 AVENUE		3. Mailing Address 13001 NW 107 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH GARDENS, FL		City & State HIALEAH GARDENS, FL		4. FEI Number 65-0371304	
Zip 33018		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROMAY, OMAR S 1520 NW 79 AVE. SUITE 0-305 MIAMI, FL 33126			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
13001 NW 107 AVENUE			City HIALEAH GARDENS FL Zip Code 33018		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME SANTONI, FRANCISCO M		<input type="checkbox"/> Delete		
STREET ADDRESS 1520 NW 79 AVE.	CITY-ST-ZIP MIAMI, FL 33126		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DCEO	NAME ROMAY, OMAR S		<input type="checkbox"/> Delete		
STREET ADDRESS 1520 NW 79TH AVE	CITY-ST-ZIP MIAMI, FL 33126		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: _____			Date 04/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					