2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000064660

1. Entity Name
BROADCAST SUPPLY, INC.

Principal Place of Business	Mailing Address
BANCO CCS 236 P.O. BOX 025322 MIAMI, FL 33102-5322	2121 PONCE DE LEON BLVD 1100 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

05162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0437686	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, SAUL
2121 PONCE DE LEON BLVD
1100
CORAL GABLES, FL 33134

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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_____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐   **$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

TITLE	PD
NAME	ARANGUREN, CAMILO
STREET ADDRESS	2121 PONCE DE LEON BLVD #1100
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	VD
NAME	DILLON, ALBERTO LUIS
STREET ADDRESS	2121 PONCE DE LEON BLVD #1100
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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06/05/06-80004-019 150.00

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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: _____   5/16/06.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #