2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P96000068872

AMERICAN COUNTRY BROADCAST TELEVISION, INC.



FILED Feb 13, 2008 08:00 Al Secretary of State

Principal Place of Business

15036 SW 89 TERRACE RD. MIAMI, FL 33196

Mailing Address

15036 SW 89 TERRACE RD. MIAMI, FL 33196



DO NOT WRITE IN THIS SPACE

02092008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied be S8.75 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, ANGEL RENATO 15036 SW 89 TERRACE RD. MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LOMBARDI, ANGEL RENATO 15036 SW 89 TERRACE RD. MIAMI, FL 33196				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000825298 02/21/08-80004-006 150.00
TITLE NAME STREET ADDRESS CIFY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 trueter 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

> ANGEL R. LOMBARDI

7-10-7008

305-383-0309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone