

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90089 046 ***150.00

DOCUMENT # P97000032049

1. Entity Name
TELEVISION FILM DISTRIBUTION, INC.



Principal Place of Business
**2600 SW 3RD AVE
SUITE 950
MIAMI FL 33129
US**

Mailing Address
**2600 SW 3RD AVE
SUITE 950
MIAMI FL 33129
US**



2. Principal Place of Business

c/o 1390 Brickell Avenue

Suite, Apt. #, etc.
Ste. 200

City & State
Miami, Florida

Zip
33131

Country
USA

3. Mailing Address

1390 Brickell Avenue

Suite, Apt. #, etc.
Ste. 200

City & State
Miami, Florida

Zip
33131

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0744368**

Applied For
Not Applicable

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

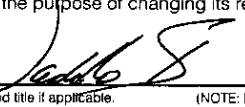
6. Name and Address of Current Registered Agent

**CARPENTER, JUAN P
2600 SW 3RD AVE
SUITE 950
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name
Alvaro Castillo B. Esq.
Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue, Suite 200
Miami, Florida 33131
City **FL** Zip Code

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 **March 18 2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CARPENTER, JUAN P | |
| STREET ADDRESS | 2600 SW 3RD AVE #950 | |
| CITY-ST-ZIP | MIAMI FL 33129 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Juan Jose Lanza | |
| STREET ADDRESS | c/o 1390 Brickell Avenue, Suite 200 | |
| CITY-ST-ZIP | Miami, Florida 33131 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE REQUIRED

01 MAY 20 2003 371-5540

Date Daytime Phone #

CR2E034 (10/02)