

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90111 041 ***150.00

DOCUMENT # P99000024090

1. Entity Name
RADIO-TV PILIPINO NETWORK, INC.

Principal Place of Business
3801 N. FEDERAL HWY
POMPANO BEACH FL 33064

Mailing Address
3801 N. FEDERAL HWY
POMPANO BEACH FL 33064

2. Principal Place of Business
6444 LA COSTA DRIVE

3. Mailing Address
6444 LA COSTA DRIVE

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
204

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33432

Country
USA

Zip
33433

Country
USA

4. FEI Number 65-0932797

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGBAG, ERLINDA A
9458 NW 8TH CIRCLE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **MARIA ROSARIO BARRAMEDA**
 Street Address (P.O. Box Number is Not Acceptable)
6444 LA COSTA DR. # 204
 City **BOCA RATON** **FL** Zip Code **33433**

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.

Maria Rosario Barrameda
 SIGNATURE

MARIA ROSARIO H. BARRAMEDA - Pres. 11/26/2002
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☒ Delete
 NAME **IBAY, ANTONIO P**
 STREET ADDRESS **14238 S.W. 45TH ST.**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BARRAMEDA, MARIA R**
 STREET ADDRESS **6444 LA COSTA DR.**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PRESIDENT, TREASURER, DIRECTOR** ☒ Change ☐ Addition
 NAME **BARRAMEDA, MARIA R**
 STREET ADDRESS **6444 LA COSTA DR. # 204**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete
 NAME **CRUZ, EMMANUEL R**
 STREET ADDRESS **16 ROYAL PALM WAY #105**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SECRETARY, DIRECTOR** ☒ Change ☐ Addition
 NAME **CRUZ, EMMANUEL R**
 STREET ADDRESS **16 ROYAL PALM WAY #105**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **TD** ☒ Delete
 NAME **MAGBAG, ERLINDA A**
 STREET ADDRESS **9458 NW 8 CIRCLE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emmanuel R. Cruz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 26, 2002

Date

(954) 629-1053

Daytime Phone #

CR2E034 (9/01)