

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000056229

Entity Name: BARBA TELEVISION, CO.

**FILED**  
**Jul 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

999 PONCE DE LEON BLVD #625  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

781 CRANDON BLVD., TOWER 3, OCEAN CLUB  
APT. 1102  
KEY BISCAYNE, FL 33149

## **Current Mailing Address:**

999 PONCE DE LEON BLVD #625  
CORAL GABLES, FL 33134

## **New Mailing Address:**

781 CRANDON BLVD., TOWER 3, OCEAN CLUB  
APT. 1102  
KEY BISCAYNE, FL 33149

FEI Number: 65-1002383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

FARAH, CARLOS M  
999 PONCE DE LEON BLVD #625  
CORAL GABLES, FL 33134 US

## **Name and Address of New Registered Agent:**

BARBA, CARLOS  
781 CRANDON BLVD., TOWER 3, OCEAN CLUB  
APT. 1102  
KEY BISCAYNE, FL 33139 US

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.

SIGNATURE: CARLOS BARBA

07/21/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARBA, CARLOS  
Address: TOWER 3 OCEAN CLUB 781 CRANDON BLVD 1102  
City-St-Zip: KEY BISCAYNE, FL 331492546

Title: TSD  
Name: BARBA, TERESA  
Address: 781 CRANDON BLVD APT 1102 TWR OCEAN CLUB  
City-St-Zip: KEY BISCAYNE, FL 331492546

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS BARBA

TSD

07/21/2011

Electronic Signature of Signing Officer or Director

Date