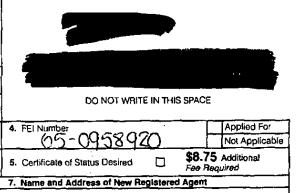
5/16/0

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000091517 T.C.C. TELEVISION, CORP. Mailing Address Principal Place of Business 18081 BISCAYNE BLVD. TORRE 4 NORTE #1402 18081 BISCAYNE BLVD, TORRE 4 NORTE #1402 AVENTURA FL 33160 AVENTURA FL 33160 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. · City & State City & State Zip Zip Country Country

8. Name and Address of Current Registered Agent

FILED Jun 29, 2000 8:00 am Secretary of State

05-16-2000 90124 017 ***150.00



~ ~- ~- MAR	tinezguerra, Guillermo	Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
1808	1 BISCAYNE BLVD. TORRE 4 NORTE								
	NTURA FL 33160								
	•		City			F	Zíp C	Code	
8. The above	named entity submits this statement for the	e purpose of changing its re-	gistered office or re	gistered ag	ent, or both, in th	e State of Florida			7
SIGNATURE .						· .			_
•	Signature, typed or printed name of registered agent and to	tie if applicable, (NOTE: R	n enutarique trespa benetatige	gr nedw beriupe	Hasteling)	DAT	re 		
Tax filing requirement and elects to do so. After MAY 1, 2		After MAY 1, 2000	FEE IS \$150.00 0 Fee will be \$550.00 e to Department of State			Campaign Financing d Contribution.		5.00 May ded to Fe	
11.	OFFICERS AND DIRECTORS		12.	AD	DITIONS/CHAN	GES TO OFFICERS	AND DIRECT	ORS IN 1	
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TITLE	AVENTURA FL 33160 VD	Delete	TITLE				Chan	0e 🗇 A	ddition .
NAME	MARTINEZGUERRA, ALEJANDRO	. Deixie	NAME						1
STREET ADDRESS									}
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP						
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Name

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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

CONT.

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