2004 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

DOCUMENT # S95370

RAINBOW BROADCASTING CO., INC.



FILED Feb 09, 2004 08:00 AM-Secretary of State

Principal Place of Business

1000 BRICKELL AVE., 920 MIAMI, FL 33131 US

Mailing Address

1000 BRICKELL AVE., 920 MIAMI, FL 33131 US



DO NOT WRITE IN THIS SPACE

02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0300952

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

PERRONE, STEPHEN L 1000 BRICKELL AVE

SUITE 920 MIAMI, FL 33131

DO	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	lf applicable. (NOTE, Registo	red Agent signature	required when retratating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution 		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DP REY, JOSEPH 1 GROVE ISLE DRIVE #1208 MIAMI, FL 33133	, ps			02/10/04-80007-019 150.00_
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE MAME STREET ADORESS CITY-ST-ZIP				IN THIS SPACE	
TETLE				•	

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 ceth; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXTY-ST-ZIP