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May 04, 2005 8:00 am
Secretary of State
05-04-2005 90168 007 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V17222

1. Entity Name
US COMMUNICATION AND TV SERVICE, INC.

Principal Place of Business	Mailing Address
200 S BICAYNE BLVD STE 4100 MIAMI, FL 33131 US	200 S BICAYNE BLVD STE 4100 MIAMI, FL 33131 US

50047544

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
100 SE 2nd Street	100 SE 2nd Street
Suite, Apt. #, etc.: 34th Floor	Suite, Apt. #, etc.: 34th Floor
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131-2158 Country:	Zip: 33131-2158 Country:

4. FEI Number: 65-0317118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE INTERNATIONAL RA, INC.
200 S. BISCAYNE BLVD
SUITE 4100
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: BIPC CORPORATE REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd Street
34th Floor
City: Miami FL Zip Code: 33131

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.
BIPC CORPORATE REGISTERED AGENTS, INC.

SIGNATURE: By: Guillermo L. Fernandez-Quincoces, Esquire 4/29/05
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CASES, J. IGNACIO 200 S. BISCAYNE BLVD, STE 4100 MIAMI, FL 33131	☐ Delete	PSTD CASES, J. IGNACIO 100 SE 2nd Street, 34th Floor Miami, FL 33131-2158	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

** TOTAL PAGE.17 **

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