


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003027

1. Entity Name
ABS-CBN TELECOM NORTH AMERICA, INCORPORATED



Principal Place of Business
859 COWAN ROAD
BURLINGAME, CA 94010

Mailing Address
859 COWAN ROAD
BURLINGAME, CA 94010

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
94-3221737

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000297483
 04/11/05-80032-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLOS, ZENON D
STREET ADDRESS	859 COWAN ROAD
CITY-ST-ZIP	BURLINGAME, CA 94010
TITLE	DC
NAME	LOPEZ, EUGENIO III
STREET ADDRESS	859 COWAN ROAD
CITY-ST-ZIP	BURLINGAME, CA 94010
TITLE	DS
NAME	LOPEZ, RAFAEL L
STREET ADDRESS	859 COWAN ROAD
CITY-ST-ZIP	BURLINGAME, CA 94010
TITLE	T
NAME	OLIVES, RAMON
STREET ADDRESS	859 COWAN ROAD
CITY-ST-ZIP	BURLINGAME, CA 94010
TITLE	D
NAME	OLIVES, JOSE RAMON
STREET ADDRESS	859 COWAN ROAD
CITY-ST-ZIP	BURLINGAME, CA 94010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: RAFAEL VIZCARRA **APRIL 6, 2005** (650) 652-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #