

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90001 002 ***550.00

DOCUMENT # J53876

1. Entity Name
SYNDICATED PROGRAMMING, INC.



Principal Place of Business

602 N ADAMS ST.
TALLAHASSEE, FL 32301-1114 US

Mailing Address

P.O. BOX 11335
TALLAHASSEE, FL 32302 US

See new address

50058150



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAHL, THOMAS W.
817 NORTH GADSDEN STREET
TALLAHASSEE, FL 32303-6313

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	DPS
NAME	WILSON, ROOSEVELT
STREET ADDRESS	5020 VALLEY FARM ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	CVPT
NAME	WILSON, CATHER C
STREET ADDRESS	5020 VALLEY FARM ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Cather C. Wilson* (Cather C. Wilson)

7/26/05 *850-681-1852*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Capital Outlook
Newspaper**

ATTACHMENT

50058150
#J53876

July 26, 2005

To whom it may concern,

We are sorry that we missed the May deadline. We were moving at the time.

Our new address:
Syndicated Programming, Inc.
225 E Jennings St.
Tallahassee, FL 32301-4425

Sincerely,

Cather C. Wilson
Cather C. Wilson