

2007 FOR PROFIT CORPORATION ANNUAL REPORT

POSTING AUTHORIZATION

Date _____
 Profit Center _____ **FILED**
 Account Code **Apr 27, 2007 08:00 A**
 Job Cost _____
 Property / Project Manager **Secretary of State**
 Property / Project Senior Manager _____

DOCUMENT # P05990

1. Entity Name
 NTS CAPITAL CORPORATION



Principal Place of Business
 10172 LINN STATION RD.
 LOUISVILLE, KY 40223

Mailing Address
 10172 LINN STATION RD.
 LOUISVILLE, KY 40223

Accountant _____ Date _____
 Acctg Manager _____ Date _____
 Acctg Manager _____ Date _____



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 61-0962230

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 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 DC ☐ Delete
 NAME NICHOLS, J D
 STREET ADDRESS 10172 LINN STATION ROAD
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
 NAME **U00000737570**
 STREET ADDRESS **05/11/07-80033-019 150.00**
 CITY-ST-ZIP

TITLE EVP ☐ Delete
 NAME WELLS, GREGORY A
 STREET ADDRESS 10172 LINN STATION RD
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VS ☐ Delete
 NAME HOWARD, SUSAN M
 STREET ADDRESS 10172 LINN STATION RD.
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P ☐ Delete
 NAME LAVIN, BRIAN F
 STREET ADDRESS 10172 LINN STATION ROAD
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VT ☐ Delete
 NAME PITCHFORD, DAVID B
 STREET ADDRESS 10172 LINN STATION RD
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Susan M Howard
 Vice Pres/Secretary

Date

Daytime Phone #

4/10/07 (502) 426-4800