

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # 225457 NAME OOD TV SERVICE, INC.									
Principal Plac	ce of Business	Maili	na Address	····			i infilia libril andr cimi crem en	iit i sal e idii otok alali ala	li Bieci Citti Isai	
845 SO EDGE			SO EDGEWOOD AV	Æ						
JACKSONVILLE	·· · · · ; =		SONVILLE FL 3220				DO NOT WEN	TE IN THIS SPACE		
į							3. Date incorporated or Qualifed	E IN THIS SPACE		1
Į.							06/30/1959			Į
2 Principal P	Place of Business	2a. M	Aalling Address				4. FEI Number		Applied For	1
⊢ `	TACE OF DESITORS	26					59-0870573	· •	Vot Applicable	1 1
Suite, Apt.	#, etc.		iulte, Apt. #, etc.				5. Certificate of Status Desired	4	Additional	1
22		27		<u> </u>	<u> </u>		5. Certificate of Status Desired	Fee i	Required	
	19	L	ity & State				8. Election Campaign Financing		May Be	
23		28			2		Trust Fund Contribution		d to Fees	ſ
Zip	Country	\vdash	lip .	30	Country		This corporation owes the curr Personal Property Tax.	ent year intengible	□No	
24	9. Name and Address of Current	29 Register	red Agent	[30]	.		10. Name and Address of New F			1
					81 N	lame MA	ARTY T ROACH			1
	DTEN, LAWRENCE S.				82 St		BSS (P.O. Box Number is Not Accepte	ble)		1
	S. EDGEWOOD AVENUE				102		5 W 49TH STREET			1
) JAC	KSONVILLE FL 32205-2362				83		بالمنطق المراسة أوالقاها المساديات			1
Ì					84 Ci	ity		85 Zip	Code	1
								FL 3	2208	
					1 1	* TA	CKSONVILLE		t	1
11. Pursuant	to the provisions of Sections 607.0502	and 607	.1508, Florida Sta	itutes, the	1 1	* TA	OCKSONVILLE oration submits this statement for the on's board of directors. I hereby accept	purpose of changing in the appointment as	ts registered registered	
11. Pursuant office or agent. I s	to the provisions of Sections 607.0502 registered agent, or both, in the State or arm familiar with any accept the obligation	and 607	.1508, Florida Sta Such change was ection 607.0505, I	itutes, the s authoriz Florida Si	1 1	* TA	oration submits this statement for the in's board of directors. I hereby accep	purpose of changing in the appointment as	ts registered registered	
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CTY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

8.4 CITY-ST-ZIP

STREET ADDRESS

SRE REQUARTED. Roach

every 2 trains at 4 v

=13

■ 14. = ::

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90022 028 ***150.00