

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 474761 (4)
1. Corporation Name
CALOOSA T.V., INC.



Principal Place of Business
605 TAMiami TRAIL N.
RUSKIN FL 33570

Mailing Address
605 TAMiami TRAIL N.
RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1975	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1585268	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

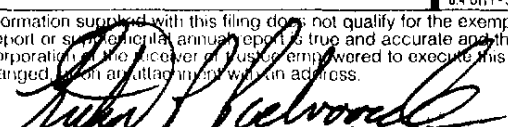
9. Name and Address of Current Registered Agent ROQUE, RAUL 2022 1/2 E. 7TH AVENUE TAMPA FL				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	STACK, EDWARD J.			1.2 NAME			
STREET ADDRESS	728 JAMAICA CIRCLE W.			1.3 STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	STACK, ANNA S.			2.2 NAME			
STREET ADDRESS	728 JAMAICA CIRCLE W.			2.3 STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	POELVOORDE, RICHARD P			3.2 NAME			
STREET ADDRESS	2115 36 STREET SE			3.3 STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL			3.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	POELVOORDE, VICTORIA L			4.2 NAME			
STREET ADDRESS	2115 36 STREET SE			4.3 STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-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 oath; that I am an officer or director of the corporation; that 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, upon an attachment with an address.

SIGNATURE:  4.28.98 (812) 645 4120

CR2E034 (10/97)