

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497677

FILED
Jan 15, 2009
Secretary of State

Entity Name: TV ANTENNA SYSTEMS, INC.

Current Principal Place of Business:

16071 SW 254 STREET
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

16071 SW 254 STREET
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 59-1650598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWRY, ROBERT
16071 S.W. 254 STREET
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOWRY, ROBERT,
Address: 16071 SW. 254 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: STD () Delete
Name: LOWRY, LINDA H,
Address: 16071 S.W. 254 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: V () Delete
Name: LOWRY, RYAN M
Address: 20437 SW 327 ST
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOWRY, ROBERT,
Address: 16071 SW. 254 ST.
City-St-Zip: HOMESTEAD, FL 33031 US

Title: STD (X) Change () Addition
Name: LOWRY, LINDA H,
Address: 16071 S.W. 254 ST.
City-St-Zip: HOMESTEAD, FL 33031 US

Title: V (X) Change () Addition
Name: LOWRY, RYAN M
Address: 20437 SW 327 ST
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LOWRY

P

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date