2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 576364 1. Entity Name WISE T. V. OF OKEECHOBEE, INCORPORATED Principal Place of Business Mailing Address

FILED Mar 03, 2005 8:00 am Secretary of State

03-03-2005 90171 041 ***150.00

Mailing Address 415 NP PRRK ST 415						TEST				
OKECHOBEE, FL 34972,2927 US	Principal Place	e of Business	Mailing Address							
Sule, Apt. 8. etc. Sule, Apt. 9. etc. Sule, Apt. 9. etc. Sule, Apt. 9. etc. Sule, Apt	415 NE PARK ST									
Sule, Apt. 8. etc. Sule, Apt. 9. etc. Sule, Apt. 9. etc. Sule, Apt. 9. etc. Sule, Apt							A ARRINA RADA ARRIN BARRA MARA		ITIN BIBIN BIBIN BIB	
Sule, Apt. 8. etc. Sule, Apt. 9. etc. Sule, Apt. 9. etc. Sule, Apt. 9. etc. Sule, Apt	2. Principal Place of Business 3. Mailing Address									
City & State Okeechobee, Florida City & State Country Okeechobee Says Count	415 NE	E Park Street	60 Tower Str	eet			I (PRIBLE) III ISALE DICER IIIIS	#1111 6191 B1811 P1E11 E	INIT KINIT DINIT NIK	
Dice chobe Florida Lake Placid Florida 59-1730321	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02242005 Chg-P	CR2E	034 (10/03)	
Addition	-		· · · · · · · · · · · · · · · · · · ·							
Steel			***************************************				59-1730321			
So Name and Address of Current Registered Agent YOUNG-ANTHONY T. 300 N.W. ST H STREET PLAZA 300 OKECHOBEE, FL 34972 City Lake Placid FL Zip Code 33852 8. The above named entity splants the distance to the surpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of preferred agent and supposed of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of preferred agent and supposed agent agen	1	*			,		5. Certificate of Status Des	ired 🔲		
Name GENE POLLARD	34972			High	nrands		7 Name and Address of	New Registered		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 60 Tower Street City Lake Placid FL 730 Code 738 Sp. 238 Sp.	-	o. Haire and Address of Current	registered Agent		Name			new registered	~ -	
PLAZA 300 OKEECHOBEE, FL 34972 City Lake Placid FL Zip Code 33852	YOUNG, A	NTHONY T.		_						····
CITY STAPP Comparison of trephene departs Comparison of treph										
Eith Cabove named errisk submits the distancent for the surpose of changing its registered agent, or both, in the State of Florida. I an familia with, and accept the obligations of registeried agent. CENE POLIARD 2/28/05					- 00	LOW	er Street			
B. The above named entity submits the determination the follograph of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of prejected agent. SIGNATURE SIGNA	OKEECHO	DEE, FL 34972							1 _ 2	
B. The above named entity symmistry statement for the aurpose of changing its registered office or registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of psycherided agent. Signature		α			City I	ake :	Placid	FI		
CRNK_POILLARD CRNK_POILLAR	8. The above	named entity submits this statement for	or the purpose of changing it	s register	ed office or	register	ed agent, or both, in the Stat	e of Florida. I an	familiar with,	and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ELMORE, THOMAS E. STREET ADDRESS CITY-ST-2P COAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	the obligat	ions of registered agent.	1/						•	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ELMORE, THOMAS E. STREET ADDRESS CITY-ST-2P COAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	PICNATURE	X ruse Hollin	u	ERNR P	OT.T.AR	D.		2/2	28/05	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE	Signature typed or printed name of registered agent					when reinstating)			
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.							1		******	
10.						\$5.	00 May Be			
TITLE PD	After Ma	ay 1, 2005 Fee will be \$550.	00 Hust Fulla Cot	IMBUUDIT.	u	Addi	ed to rees			
NAME STREET ADDRESS CITY-ST-ZIP TITLE ST CITY-ST-ZIP OKECHOBEE, FL ST STREET ADDRESS CITY-ST-ZIP OKECHOBEE, FL ST STREET ADDRESS CITY-ST-ZIP OKECHOBEE, FL ST	10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL ST OKEECHOBEES, CITY-ST-ZIP OAK HILL, WV 25901 ST OKEECHOBEE, SHANA PO BOX 1075 OAK HILL, WV 25901 ST OKEECHOBEE, SHANA PO BOX 1075 OAK HILL, WV 25901 ST OKEECHOBEE, SHANA PO BOX 1075 OAK HILL, WV 25901 ST OKEECHOBEE, SHANA PO BOX 1075 OAK HILL, WV 25901 ST OKEECHOBEE, SHANA PO BOX 1075 OAK HILL, WV 25901 ST OKEEL ADDRESS CITY-ST-ZIP ST OKEECHOBEE, FL ST OKEECHOBEE, FL ST OKEECHOBEE, FL ST OKEEL ADDRESS CITY-ST-ZIP ST OKA	TITLE	PD	X3 Delete	TITU	E	PD			Change	☐ Addition
CITY-ST-ZIP OKEECHOBEE, FL CITY-ST-ZIP Lake Placid, Florida 33852 TITLE ST X Delete CITY-ST-ZIP CAROL POLLARD STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	<i>}</i>	•					=			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	f							00050		
RAME STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 TITLE VP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-SI-ZIP						Placid, Florid	a 33852		<u> </u>
STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 TITLE VP ELMORE, SHANA PO BOX 1075 OAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		= :	X Delete				T DOLLADO		K Change	☐ Addition
CITY-ST-ZIP OAK HILL, WV 25901 TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 -	,			_					
TITLE VP								a 22052		
NAME STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 STREET ADDRESS CITY-ST-ZIP OAK HILL, WV 25901 STREET ADDRESS CITY-ST-ZIP CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP CITY-ST-ZIP ADDRESS CITY-ST-ZIP	<u> </u>		77.50			Lake	Flaciu, Floriu	<u>a 3363</u> 2	D Charac	C Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ļ		Delete			1	•		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł	· ·								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	· ·		CITY	-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	TITL	E				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			NAM	1E					_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STRE	eet address					
NAME STREET ADDRESS CITY-ST-ZIP CITYLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-\$T-ZIP				72 14	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	THILE		☐ Delete	TITL	É				Change	Addition
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						l				
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1	}								
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			_		<u> </u>				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1		☐ Delete						Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	1									
	1	j								
		certify that the information suspilled with	This filing does not qualify t			ted in Se	ection 119 07(3\fi) Florida Sta	atutes I further o	ertify that the i	information

indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report as report or supplied with the same 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 of 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 of the attachment with an address, with all other like empowered.

SIGNATURE: X (MIO / Ollm)	GENE POLLARD PRESIDENT	2/28/05	(863)465-510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O	FFICER OR DIRECTOR	Date	Daytime Phone #