

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005915

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: FOCUSED TV PRODUCTIONS, INC.

## Current Principal Place of Business:

323 LEWIS STREET, SUITE O  
KETCHUM, ID 83340

## New Principal Place of Business:

3802 EHRLICH ROAD  
SUITE 308  
TAMPA, FL 33624 US

## Current Mailing Address:

P.O. BOX 2103  
KETCHUM, ID 83340

## New Mailing Address:

3802 EHRLICH ROAD  
SUITE 308  
TAMPA, FL 33624

FEI Number: 42-1603833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKOWN, MICHAEL D  
3802 EHRLICH ROAD, SUITE 308  
TAMPA, FL 33624 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: PSD ( ) Delete  
Name: MCKOWN, MICHAEL  
Address: 3802 EHRLICH ROAD, SUITE 308  
City-St-Zip: TAMPA, FL 33624

Title: C ( ) Delete  
Name: CARSON, KATHRYN  
Address: P.O. BOX 2103  
City-St-Zip: KETCHUM, ID 83340

Title: CEOD ( ) Delete  
Name: CARSON, PAUL  
Address: P.O. BOX 2103  
City-St-Zip: KETCHUM, ID 83340

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: MCKOWN, MICHAEL  
Address: 3802 EHRLICH ROAD, SUITE 308  
City-St-Zip: TAMPA, FL 33624 US

Title: C (X) Change ( ) Addition  
Name: CARSON, KATHRYN  
Address: P.O. BOX 2103  
City-St-Zip: KETCHUM, ID 83340 US

Title: CEOD (X) Change ( ) Addition  
Name: CARSON, PAUL  
Address: P.O. BOX 2103  
City-St-Zip: KETCHUM, ID 83340 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL D. MCKOWN

PSD

02/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date