

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006406

Entity Name: FLO TV INCORPORATED

FILED
Apr 20, 2010
Secretary of State

Current Principal Place of Business:

5775 MOREHOUSE DRIVE
SAN DIEGO, CA 92121

New Principal Place of Business:

Current Mailing Address:

5775 MOREHOUSE DRIVE
SAN DIEGO, CA 92121

New Mailing Address:

FEI Number: 20-1855403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO
Name: JACOBS, PAUL E
Address: 5775 MOREHOUSE DRIVE
City-St-Zip: SAN DIEGO, CA 92121

Title: PRES
Name: STONE, WILLIAM G
Address: 5775 MOREHOUSE DRIVE
City-St-Zip: SAN DIEGO, CA 92121

Title: VP
Name: GILBERT, JOHN
Address: 5775 MOREHOUSE DRIVE
City-St-Zip: SAN DIEGO, CA 92121

Title: SEC
Name: WILSON, LEE A
Address: 5775 MOREHOUSE DRIVE
City-St-Zip: SAN DIEGO, CA 92121

Title: TREA
Name: KEITEL, WILLIAM E
Address: 5775 MOREHOUSE DRIVE
City-St-Zip: SAN DIEGO, CA 92121

Title: DIR
Name: ALTMAN, STEVEN R
Address: 5775 MOREHOUSE DRIVE
City-St-Zip: SAN DIEGO, CA 92121

I hereby 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 all other like empowered.

SIGNATURE: LEE A. WILSON

SEC

04/20/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date