

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001985

1. Entity Name
TVMAX, INC.



Principal Place of Business
1111 W MOCKINGBIRD LANE
SUITE 1000
DALLAS, TX 75247 US

Mailing Address
1111 W MOCKINGBIRD LANE
SUITE 1000
DALLAS, TX 75247 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4498704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDGE, "RODDY" DR.
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL
CITY - ST - ZIP	DALLAS, TX 75247
TITLE	EVCO
NAME	CURTIN, DAVID J
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL
CITY - ST - ZIP	DALLAS, TX 75247
TITLE	GCV
NAME	GRISSOM, CAROL A
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL
CITY - ST - ZIP	DALLAS, TX 75247
TITLE	VCFO
NAME	MILACEK, CRAIG
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FLOOR
CITY - ST - ZIP	DALLAS, TX 75247
TITLE	V
NAME	BRUMLEVE, JAMES C
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FLOOR
CITY - ST - ZIP	DALLAS, TX 75247
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/31/05-80042-012 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 or the receiver or 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol A. Grissom Carol A. Grissom

1/27/05

214-634-3806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #