


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # F96000005500</b> 1. Entity Name <b>TELE-MEDIA CORPORATION OF DELAWARE</b>	
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Principal Place of Business <b>320 WEST COLLEGE AVENUE PLEASANT GAP, PA 16823</b>	Mailing Address <b>P.O. BOX 5301 PLEASANT GAP, PA 16823</b>
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03302006 No Chg-P CR2E034 (11/05)

4. FEI Number **51-0279855** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TUDEK, ROBERT E 320 WEST COLLEGE AVENUE PLEASANT GAP, PA 16823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAIN, TONY S 320 WEST COLLEGE AVE. PLEASANT GAP, PA 16823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEMLER, ROBERT D 804 JACKSONVILLE RD BELLEFONTE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHORE, RICHARD W 320 WEST COLLEGE AVENUE PLEASANT GAP, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLANSKI, THOMAS T 320 WEST COLLEGE AVENUE PLEASANT GAP, PA 16823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538637  
05/09/06-80067-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas T. Wolanski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

Date

Daytime Phone #