

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90136 001 \*\*\*300.00

**DOCUMENT # F98000004127**

1. Entity Name  
**REX RADIO AND TELEVISION, INC.**



Principal Place of Business  
**2875 NEEDMORE ROAD  
DAYTON, OH 45414**

Mailing Address  
**2875 NEEDMORE ROAD  
DAYTON, OH 45414**

**66005959**



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1259783</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2007 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	DCE ROSE, STUART A 2875 NEEDMORE ROAD DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMCHIN, LAWRENCE 2875 NEEDMORE ROAD DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS BRUGGEMAN, DOUGLAS 2875 NEEDMORE ROAD DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRESS, EDWARD M 10 COURTHOUSE PLAZA SW SUITE 1100 DAYTON, OH 45402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEARDEN, DAVID 2875 NEEDMORE ROAD DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RVP HYATT, DAVID 2451 PEREGRINE TRAIL SUWANNE, GA 30174

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #