

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75581

Entity Name: BLAB NETWORK, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

121 SOUTH PALAFOX PLACE
SUITE D
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 12836
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-2614499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIGODSKY, FRED
508 KENILWORTH AVE.
GULF BREEZE, FL 32561 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: P () Delete
Name: VIGODSKY, FRED
Address: 508 KENILWORTH AVENUE
City-St-Zip: GULF BREEZE, FL 32561

Title: V () Delete
Name: BURK, BOB
Address: 9713 CREEK BRIDGE CIR.
City-St-Zip: PENSACOLA, FL 32514

Title: ST () Delete
Name: VIGODSKY, BRENDA
Address: 508 KENILWORTH AVE.
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COOPER, CHERYL A
Address: 5280 FLAX ROAD
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FRED L VIGODSKY

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date