

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90035 011 ***150.00

DOCUMENT # J53876 1. Entity Name SYNDICATED PROGRAMMING, INC.					
Principal Place of Business 602 N ADAMS ST TALLAHASSEE, FL 32301-1114 US				Mailing Address P.O. BOX 11335 TALLAHASSEE, FL 32302 US	
2. Principal Place of Business 602 N. Adams St Suite, Apt. #, etc.				3. Mailing Address P.O. Box 11335 Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32301 Country		City & State Tallahassee, FL Zip 32302 Country U.S.		 MOORE CR2E034 (11/03)	
4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STAHL, THOMAS W. 817 NORTH GADSDEN STREET TALLAHASSEE FL 32303-6313				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS					
TITLE	DPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROOSEVELT		NAME		
STREET ADDRESS	5020 VALLEY FARM ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	CVPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CATHER C		NAME		
STREET ADDRESS	5020 VALLEY FARM ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Cather C. Wilson / Cather C. Wilson</i> 1/31/04 (850) 681-1852 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					