
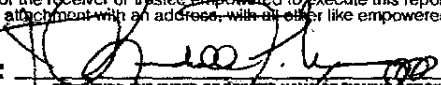


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 25, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # J61387</b>		
1. Entity Name <b>CENTRAL FLORIDA SATELLITE TV COMPANY</b>		
Principal Place of Business <b>4500 HWY. 92 E. LAKELAND, FL 33801</b>		Mailing Address <b>4500 HWY 92 E, #1026 LAKELAND, FL #1030 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01052005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-2805876</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>KNAPP, RANDALL L 4500 HWY 92E, #1030 LAKELAND, FL 33801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	KNAPP, MERLYN V	
STREET ADDRESS	4500 92 E. SUITE 1030	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	
NAME	KNAPP, RANDALL L	
STREET ADDRESS	4500 92 E. SUITE 1030	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	
NAME	KNAPP, DONALD O	
STREET ADDRESS	4500 92 E. SUITE 1030	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 or without like empowered.		
SIGNATURE: 		1/5/05 (863) 665-0185 Date Daytime Phone #