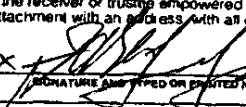


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90226 003 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K70930		
1. Entity Name CIRCLE K T.V., INC.		
Principal Place of Business 4470 DAVIE ROAD DAVIE, FL 33314		Mailing Address 4470 DAVIE ROAD DAVIE, FL 33314
DO NOT WRITE IN THIS SPACE		
		04142004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0107097
		Applied For Not Applied
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FARA, JANJUA 4470 DAVIE RD DAVIE, FL 33313		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 resigning)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PS FARA, JANJUA 4470 DAVIE ROAD DAVIE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
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 or on an attachment with an address with all other like empowered		
SIGNATURE: x 		4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #