

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90210 013 \*\*\*\*55.00

**DOCUMENT # L02000003388**

1. Entity Name  
**FAITH TV, L.L.C.**



Principal Place of Business  
**2607 SUCCESS DRIVE  
ODESSA, FL 33556 US**

Mailing Address  
**2607 SUCCESS DRIVE  
ODESSA, FL 33556 US**



01222004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0994857**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WEST, JAMES L  
2607 SUCCESS DRIVE  
ODESSA, FL 33556**

**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

*James L West*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-5-04**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CURTIS, WILLIAM K
STREET ADDRESS	2030 WENTZ CHRUCH ROAD, BOX 540
CITY-ST-ZIP	WORCESTER, PA 19490
TITLE	MGRM
NAME	CURTIS, A. KENNETH
STREET ADDRESS	2030 WENTZ CHRUCH ROAD, BOX 540
CITY-ST-ZIP	WORCESTER, PA 19490
TITLE	MGRM
NAME	WEST, JAMES L
STREET ADDRESS	2607 SUCCESS DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	MGRM
NAME	MACGREGOR, MARK A
STREET ADDRESS	2607 SUCCESS DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*James L West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2-5-04**

Date

**727-375-8200**

Daytime Phone #