## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11091

LONGWOOD, FL 32779 US

FILED Apr 29, 2008 Secretary of State

Entity Name: THE TELEVISION SYNDICATION COMPANY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

501 SABAL LAKE DRIVE 520 SABAL LAKE DRIVE #105 #108

LONGWOOD, FL 32779 LONGWOOD, FL 32779

**Current Mailing Address: New Mailing Address:** 

520 SABAL LAKE DRIVE 501 SABAL LAKE DRIVE #105 #108

LONGWOOD, FL 32779 LONGWOOD, FL 32779

FEI Number: 59-2965060 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YDE, CASSIE M. YDE, CASSIE M. 501 SABAL LAKE DR 294 WEST SABAL PALM PLACE #105 LONGWOOD, FL 32779

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: 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

YDE, CASSIE M., YDE, CASSIE M., Name: Name:

501 SABAL LAKE DR #105 Address: 294 WEST SABAL PALM PLACE Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

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: CASSIE M. YDE **PRES** 04/29/2008