

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # L95471

(3)

55 MAY -1 AM 4:42

1. Corporation Name

TAS TELEVISION COMMUNICATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5117 N LINCOLN AVE
TAMPA FL 33614

Mailing Address

5117 N LINCOLN AVE
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1990

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

21. 21606 TEAL COURT

2a. Mailing Address

26. 21606 TEAL COURT

Suite Apt # etc

Suite Apt # etc

22. City & State

23. LUTZ Florida

27. City & State

28. LUTZ Florida

24. 33549

25. US

29. 33549

30. US

4. FEI Number
59-3041890

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

6. This Corporation has liability for intangible tax under 1961 U.S.
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GEIGER, G TINY
5117 N LINCOLN AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. 21606 TEAL CT

84. City LUTZ

FL

85. Zip Code 33549

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(3) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(3) Florida Statutes.

SIGNATURE

Signature of Registered Agent (Agent must sign and print name)

Signature of Registered Agent (Agent must sign and print name)

Signature

12. OFFICERS AND DIRECTORS

12.1 NAME	PTD
12.2 STREET ADDRESS	SCHIRMER, TODD A
12.3 CITY, ST, ZIP	5117 N LINCOLN AVE TAMPA FL
12.4 NAME	VSD
12.5 STREET ADDRESS	SCHIRMER, DANEINE M
12.6 CITY, ST, ZIP	5117 N LINCOLN AVE TAMPA FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☒ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	21606 TEAL COURT
13.4 CITY, ST, ZIP	LUTZ, FL 33549
13.5 NAME	☒ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.03(2)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: 1

TODD A SCHIRMER

4/30/95

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