SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CIGNATURE:

Sep 19 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # L95471** (3)TAS TELEVISION COMMUNICATION, INC. Principal Place of Business Mailing Address 21806 TEAL COURT 21606 TEAL COURT **LUTZ FL 33549 LUTZ FL 33549** DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 08/23/1990 04/18/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 2933 W. 59-3041890 ALLINE AVE ALLING AU 2933 W Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FL AMPA TAMPA Trust Fund Contribution Added to Fees Country Country ^{Zip} 336 11 8. This corporation owes or has paid the current year Intangible 25 US A Personal Property Tax due June 30. □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GEIGER, G TINY 21606 TEAL CT 82 **LUTZ FL 33549** 83 84 11. Pursuant to the provis , Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered th change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ≰n 607.0505, Florida Statutos. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (4/97) DELETE 1.1 THILE PVST Change TITLE SCHIRMER, TODD A SCHIRMER NAME 1.2 NAME **CR2E034** 21606 TEAL COURT STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE 2.1 TITLE Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CI1Y-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CDY- \$1-2IP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 THLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 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; that I am an officer or director of the corporation or the receiver or trusted 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 appear with an address.

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