

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90043 012 \*\*\*150.00

**DOCUMENT # M86827**

1. Entity Name  
TDA DATA SERVICES, INC.



Principal Place of Business  
1451 CHANNELSIDE DRIVE  
TAMPA, FL 33605

Mailing Address  
C/O TDA INDUSTRIES, INC.  
122 E. 42ND STREET, 1618  
NEW YORK, NY 10168

**40073065**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
04-2578617

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 33607-5736

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DVTS
NAME	FRIEDMAN, FREDERICK M.
STREET ADDRESS	122 EAST 42ND STREET
CITY- ST- ZIP	NEW YORK, NY 10168
TITLE	CDP
NAME	FIELDS, DOUGLAS P.
STREET ADDRESS	122 E. 42ND ST.
CITY- ST- ZIP	NEW YORK, NY 10168
TITLE	VASD
NAME	SKROTSKY, STEVEN R.
STREET ADDRESS	1090 WATER OAK COURT N.E.
CITY- ST- ZIP	ST. PETERSBURG, FL 33703
TITLE	<b>ASSISTANT SECRETARY</b>
NAME	<b>LUCILLE MANNO</b>
STREET ADDRESS	<b>122 EAST 42ND STREET</b>
CITY- ST- ZIP	<b>NEW YORK, NY 10168</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lucille Manno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LUCILLE MANNO**

*4/2/08*  
Date

Daytime Phone #

*212-972-1510*