2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M87466 1. Entity Name

BROOKSVILLE TV SERVICE, INC.



FILED Jan 31, 2006 08:00 AM Secretary of State

Principal Place of Business

700 PONCE DE LEON BLVD. 700 U.S. 98 N. BROOKSVILLE, FL 34601

Mailing Address

700 PONCE DE LEON BLVD. 700 U.S. 98 N. BROOKSVILLE, FL 34601



DO NOT WRITE IN THIS SPACE

01142006

CR2E034 (11/05)

4. FEI Number 59-2894582 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional

6. Name and Address of Current Registered Agent

REUSCH, KYLE A. 700 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601

DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered office	C C O1 18	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE		applicable. (NOTE: Registered Agent s	-tt	on from when educated at	DATE	
	Signature, typed or printed name of registered agent and title if	abblicable (IAQLE, Hedizleted Meliti	agnature i	edningra when retteration()	DAIL	
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REUSCH, KYLE A. 700 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601				UNOCOA10404 UZZOSZBC36-083 150.00	
TITLE NAME STREET ADDRESS GRY-ST-ZIP	VPS REUSCH, CHARLOTTE A 700 PONCE DE LEON BLVD BROOKSVILLE, FL 34601					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this fi	ing does not qualify for the exemption	no and	tained in Chapter 11	9. Florida Statutes, I further certify that the information	

t neterby certify that the information supplied with this hind does not down for the seeingtons contained in Chapter 19, February supplied with this find a state of the composition of the series 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. Sec.

SIGNATURE: Charlotte A. Reusen CHARLOHE
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

352-796-0855