

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001879

1. Entity Name
MEADOW'S CANADIAN T.V., INC.



Principal Place of Business
**377 SW 526TH AVENUE
MARGATE, FL 33068**

Mailing Address
**7800 W OAKLAND PARK BLVD
G-121
SUNRISE, FL 33351**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
87-0721573

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ST LAURENT, LOUIS S II
220 NW 122ND AVE
CORAL SPRINGS, FL 33071**

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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 reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NAULT, MAURICE
5640 SW 3RD PL APT 104
MARGATE, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEDUC, ROMEO
5640 SW 3RD PL APT 116
MARGATE, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAUDETTE, JEAN CLAUDE
5640 SW 3RD PL APT 210
MARGATE, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LI00000427796
02/21/06 80021-022 61.25

**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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/06