2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001272

STUTZMAN, MICHAEL

EUSTIS, FL 32726

2877 LAKE LOUISE DRIVE

Name:

Address:

City-St-Zip:

Entity Name: IOVSTAD TELEVISION NETWORK INC

FILED May 02, 2007 Secretary of State

Entity Nai	me: JOYSTAR TELEVISION NETWORK, IN	IC.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	HIGHWAY 441 IORA, FL 32757			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
PO DRAW MOUNT D	/ER 236 IORA, FL 327560236			
	ce with s. 607.193(2)(b), F.S., the corporation did no	<u>-</u>	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
MITCHELL 508 PINE I EUSTIS, F	HILL STREET			
	named entity submits this statement for the μ e of Florida.	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete STUTZMAN, LARRY 5235 JONES AVENUE, PO BOX 1287 ZELLWOOD, FL 32798	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPTD () Delete STUTZMAN, SANDY 5235 JONES AVENUE, PO BOX 1287 ZELLWOOD, FL 32798	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete STUTZMAN, WENDY 314 SOUTH RHODES STREET MOUNT DORA, FL 32757	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY STUTZMAN P 05/02/2007