# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2005**
**Secretary of State**

DOCUMENT# N97000004456

**Entity Name:** SPEAK UP TAMPA BAY PUBLIC ACCESS TELEVISION, INC.

**Current Principal Place of Business:**

1001 NORTH B ST
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 NORTH B ST
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number: 31-1612170** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNYDER, DAVID M
600 S. MAGNOLIA AVENUE SUITE 225
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: EASON, BENJAMIN
Address: 810 N. HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete
Name: WEISSE, MARSHA
Address: PO BOX 13408
City-St-Zip: TAMPA, FL 33681

Title: SD ( ) Delete
Name: COFFMAN, ELIZABETH
Address: 401 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33606

Title: VD ( ) Delete
Name: DARDENNE, BOB
Address: 140 7TH AVENUE S
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: CRINO, BRYAN
Address: 720 SOUTH WILLOW
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: LOUISE M THOMPSON ED 01/13/2005

Electronic Signature of Signing Officer or Director — Date