2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N97000004456

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

Current Principal Place of Business:

1001 W. NORTH B ST
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

1001 W. 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
1810 S. MAC DILL AVENUE STE 4
TAMPA, FL 33629 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: WEISSE, MARSHA
Address: PO BOX 13408
City-St-Zip: TAMPA, FL 33681

Title: TD ( ) Delete
Name: MORRIS, CALEB
Address: 26845 HAVERHILL DRIVE
City-St-Zip: LUTZ, FL 33559

Title: SD (X) Delete
Name: CRINO, BRYAN
Address: 100 S. ASHLEY DRIVE # 1210
City-St-Zip: TAMPA, FL 33602

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

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

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

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.

SIGNATURE: MARSHA WEISSE PD 03/05/2009

Electronic Signature of Signing Officer or Director — Date