


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90077 019 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # N98000003395 1. Entity Name PINELLAS COMMUNITY TELEVISION, INC. | | | |  | |
| Principal Place of Business 320 ISLAND WAY 520 CLEARWATER, FL 33767 | | | Mailing Address PO BOX 661 LARGO, FL 33779-0661 US | | |
| 2. Principal Place of Business 14125 Yacht Club Blvd. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Seminole FL 33776-1211 | | City & State | | | |
| Zip 33776-1211 | | Country Pinellas | | 4. FEI Number 59-3523349 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MUDANO, CONNIE C 320 ISLAND WAY 520 CLEARWATER, FL 33767 | | | 7. Name and Address of New Registered Agent Name Janice C. Jochum Street Address (P.O. Box Number is Not Acceptable) 14125 Yacht Club Blvd. City Seminole FL Zip Code 33776-1211 | | |
| 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 <u>Janice C. Jochum</u> Janice C. Jochum <u>3-29-05</u> DATE <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUDANO, CONNIE C 320 ISLAND WAY # 520 CLEARWATER, FL 33767 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Betty Brennan 2833 Whitehall Dr. Palm Harbor, FL 34684 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DOWNEY, LIBBY 1984 ALLARD DR CLEARWATER, FL 33763 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ron Savello 586 Walden Court Dunedin, FL 34698 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JOCHUM, JANICE 14125 YACHT CLUB BLVD. SEMINOLE, FL 33776 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kevin Luce 14878-55th Way N. Clearwater, FL 33760 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RIGGIN, MARY F 3339 BRIARWOOD CIRCLE SAFETY HARBOR, FL 34695 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jerry Riffin 3339 Briarwood Circle Safety Harbor, FL 34695 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PORT, DENNIS 4710 WELCH CAUSEWAY MADERIA BEACH, FL 33708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Dennis Port 1702- 9th Ave. N. St. Petersburg, FL 33713 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMONETTI, SHARON 3568 - 4TH AVE SE LARGO, FL 33771 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Janice C. Jochum 14125 Yacht Club Blvd. Seminole, FL 33776-1211 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Janice C. Jochum</u> Janice C. Jochum | | | 3-29-05 727-595-2766 <small>Date Daytime Phone #</small> | | |