2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070820

1. Entity Name
ETV COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
5422 CARRIER DR., SUITE 107 ORLANDO, FL 32819	PO BOX 340 WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3666400	Not Applicable

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

6. Name and Address of Current Registered Agent

LOWE, KERI
5422 CARRIER DR., SUITE 107
ORLANDO, FL 32819

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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_____   DATE
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000154822
05/05/04-80014-002 158.75

10.   OFFICERS AND DIRECTORS

TITLE	D	
NAME	LOWE, TOM	
STREET ADDRESS	P. O. BOX 340	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	
NAME	LOWE, KERI	
STREET ADDRESS	P. O. BOX 340	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 607, 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: _Keri Lowe_ Keri Lowe   4/30/04   407 352 0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #