

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000070820

1. Entity Name
ETV COMMUNICATIONS, INC.



Principal Place of Business
**6753 KINGSPORTE PKWY
SUITE 111
ORLANDO, FL 32819**

Mailing Address
**PO BOX 340
WINDERMERE, FL 34786**



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3666400 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LOWE, KERI
6753 KINGSPORTE PKWY
SUITE 111
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000925057
05/20/08-80009-024 158.75**

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 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 COO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08

Date

407 352 0550

Daytime Phone #