2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113371

Entity Name: LPTV, INC.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1075 DU\	/AL SQUARE			
SUITE 21				
KEY VVES	ST, FL 33040			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1075 DU\	/AL SQUARE			
SUITE 21				
KEY WES	ST, FL 33040			
FEI Numbe	r: 65-1060957	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
926 TRÚN	ALBERT L MAN AVE ST, FL 33040	US		
The above	e named entity	submits this statement for th	e nurnose of changing its registere	d office or registered agent, or both
	e of Florida.			d office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the nic Signature of Registered A		d office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida. RE: Electro			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro	nic Signature of Registered <i>F</i> ng Trust Fund Contribution().	ngent	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electrol Impaign Financin S AND DIRECT	nic Signature of Registered <i>F</i> ng Trust Fund Contribution().	ngent	Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electrol Impaign Financin S AND DIRECT	nic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete	gent ADDITIONS/CHANG	Date ES TO OFFICERS AND DIRECTORS
in the State SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electroi Impaign Financin S AND DIRECT PSTD (PARKER, LYN 1075 DUVAL S	nic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete N M SQUARE SUITE 213	Agent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN PARKER PRES 04/12/2005