

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000051376

1. Entity Name  
CSC-TV CORPORATION



**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90092 047 \*\*\*150.00

Principal Place of Business  
1515 CR 210 WEST SUITE 203  
JACKSONVILLE, FL 32259

Mailing Address  
1515 CR 210 WEST SUITE 203  
JACKSONVILLE, FL 32259

2. Principal Place of Business  
1515 CR 210 West  
Suite, Apt. #, etc. Suite 211

3. Mailing Address  
2220 CR 210 West  
Suite, Apt. #, etc. Suite 108

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip  
32259

Country  
St. Johns

Zip  
32259

Country  
St. Johns

04222004 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3663742

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BALL, JOHN S  
ONE INDEPENDENT DRIVE SUITE 2600  
JACKSONVILLE, FL 32202

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLS, BRENDA A 3516 INDIAN CREEK BLVD JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Brenda A. Walls 2220 CR 210 West Ste 108 Jacksonville FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 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: Brenda A. Walls 4/26/04 904-874-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #