2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000068529

1. Entity Name



FILED

Aug 09, 2006 8:00 am Secretary of State

08-09-2006 90013 050 ***150.00

ROGERS TV & SATELLITE, INC. Principal Place of Business Mailing Address 16076009 508 COCOPLUM DR. 508 COCOPLUM DR. SEFFNER, FL 33584 SEFFNER, FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 08032006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 16-1622992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent ROGERS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 508 COCOPLUM DR. SEFFNER, FL 33584 City 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Change TITLE ☐ Delete TITLE ROGERS, RICHARD NAME NAME 508 COCOPLUM DR. STREET ADDRESS STREET ADDRESS SEFFNER, FL 33584 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 trustae 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 any address with all other like empowered.