

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90210 020 ***150.00

DOCUMENT # P03000013894

1. Entity Name
DTV AMERICA, INC.



Principal Place of Business
**116 NORTH RIDGEWOOD DR
SEBRING, FL 33870**

Mailing Address
**116 NORTH RIDGEWOOD DR
SEBRING, FL 33870**

66423877



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1635514

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIERA, ROBERT
116 NORTH RIDGEWOOD DR
SEBRING, FL 33870**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing -
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VIERA, ROBERT**
STREET ADDRESS **116 NORTH RIDGEWOOD DR**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **Pres** ☒ Change ☐ Addition
NAME **Viera, Robert**
STREET ADDRESS **116 North Ridgewood Dr**
CITY-ST-ZIP **Sebring, FL 33870**

TITLE **D** ☒ Delete
NAME **COZZA, JOE**
STREET ADDRESS **116 NORTH RIDGEWOOD DR**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **KATHY VIERA**
STREET ADDRESS **116 NORTH RIDGEWOOD DR**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☒ Delete
NAME **COZZA, JIM**
STREET ADDRESS **116 NORTH RIDGEWOOD DR**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-20-04