

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000036770

1. Entity Name
SCHULTZ TV INC.



FILED

04 NOV -4 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
29639 SOUTH DIXIE HIGHWAY
HOMESTEAD, FL 33033 US

Mailing Address
29639 SOUTH DIXIE HIGHWAY
HOMESTEAD, FL 33033 US

2. Principal Place of Business

3802 S. EASTPAK WAY
Suite, Apt. #, etc.

3. Mailing Address

3802 S. EASTPAK WAY
Suite, Apt. #, etc.

REINSTATEMENT 10/20/04 REINSTATEMENT 042E098 (6/04)

City & State

HOMOSASSA SPRINGS FL.

City & State

HOMOSASSA SPRINGS FL.

4. FEI Number

30-0164110

Applied For
Not Applicable

Zip

34448

Country

Zip

34448

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, DENNIS A
23 BAY ROAD
KEY LARGO, FL 33037

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

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 January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D SCHULTZ, DENNIS A
STREET ADDRESS 23 BAY ROAD
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
900042476579
11/04/04--01048--020 **150.00

TITLE NAME D SCHULTZ, DEBRA A
STREET ADDRESS 23 BAY ROAD
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE 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:

Dennis Schultz

DENNIS Schultz

10-22-04

352-628-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #