


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000043638**  
 1. Entity Name  
 WSAZ, INC.



Principal Place of Business  
 11302 N. DALE MABRY  
 TAMPA, FL 33618

Mailing Address  
 621 MONTE CRISTO BLVD  
 TIERRA VERDE, FL 33715

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 42-1590822 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SAMAHA, CHARLES M  
 259 FOURTH AVE N  
 ST PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000341995  
 04/29/05-80035-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PT  
 NAME SABBA, WALID  
 STREET ADDRESS 621 MONTE CRISTO BLVD  
 CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE PS  
 NAME ZAKI, ASHRAF  
 STREET ADDRESS 621 MONTE CRISTO BLVD  
 CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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: WALID SABBA 4-25-05 813-927-2918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #