2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 15, 2008 08:00 All Secretary of State DOCUMENT # P03000059644 1. Entity Name JJTV, INC. Principal Place of Business Mailing Address 5563 LANCEWOOD CIRCLE SOUTH 5563 LANCEWOOD CIRCLE SOUTH PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 02112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2670927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMPSON, JOSEPH P JR. DO NOT WRITE 5563 LANCEWOOD CIRCLE SOUTH PORT ORANGE, FL 32127 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE THOMPSON, JOSEPH P JR. STREET ADDRESS 5563 LANCEWOOD CIRCLE SOUTH CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE U00000829315 02/26/08-80037-002 150.00 NAME STREET ADDRESS CITY-ST-7(P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 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 and all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08 386-788-1925