

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000013350

1. Entity Name
NTN CABLE TECHNOLOGIES INC.



Principal Place of Business
5921 W. DESERT COURT
BEVERLY HILLS, FL 34465

Mailing Address
5921 W. DESERT COURT
BEVERLY HILLS, FL 34465

FILED
Jan 22, 2008 08:00 AM
Secretary of State



01172008 No Chg-P CR2E034 (11/05)

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4. FEI Number
21-0494610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, CHARLES
5291 W DESERT CT
BEVERLY HILLS, FL 34465

**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
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 May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SULLIVAN, CHARLES C
STREET ADDRESS	5921 W. DESERT COURT
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000790235
01/23/08-80025-013 150.00

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/08 (352) 220 4902
Date Daytime Phone #