

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059687

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: PETCARE TELEVISION NETWORK, INC.

## Current Principal Place of Business:

8406 BENJAMIN ROAD SUITE C  
TAMPA, FL 33634

## New Principal Place of Business:

8406 BENJAMIN ROAD  
SUITE C  
TAMPA, FL 33634 US

## Current Mailing Address:

8406 BENJAMIN ROAD SUITE C  
TAMPA, FL 33634

## New Mailing Address:

8406 BENJAMIN ROAD  
SUITE C  
TAMPA, FL 33634 US

FEI Number: 20-2753242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASTROPIETRO, DONALD R  
325 WHITFIELD AVENUE  
SARASOTA, FL 34243 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KOUMA, BERNARD  
Address: 3430 HILLSIDE STREET  
City-St-Zip: LINCOLN, NE 68506 US

Title: ST (X) Delete  
Name: MASTROPIETRO, DONALD R  
Address: 325 WHITFIELD AVENUE  
City-St-Zip: SARASOTA, FL 33634 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: COHEN, PHILIP M  
Address: 8406 BENJAMIN ROAD, SUITE  
City-St-Zip: TAMPA, FL 33634 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP M COHEN

PTSD

01/11/2008

Electronic Signature of Signing Officer or Director

Date