

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086929

Entity Name: A & M PROGRAMMING, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

436 MISTY OAKS RUN
CASSELBERRY, FL 32707

New Principal Place of Business:

145 SPRING GLEN DRIVE
DEBARY, FL 32713 US

Current Mailing Address:

436 MISTY OAKS RUN
CASSELBERRY, FL 32707 US

New Mailing Address:

145 SPRING GLEN DRIVE
DEBARY, FL 32713 US

FEI Number: 20-3027286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, JOSEPH F IV
436 MISTY OAKS RUN
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

MAGUIRE, JOSEPH F IV
145 SPRING GLEN DRIVE
DEBARY, FL 32713 US

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:

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MAGUIRE, JOSEPH F IV
Address: 436 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SEC () Delete
Name: MAGUIRE, JOSEPH F IV
Address: 436 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TREA () Delete
Name: MAGUIRE, JOSEPH F IV
Address: 436 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MAGUIRE, JOSEPH F IV
Address: 145 SPRING GLEN DRIVE
City-St-Zip: DEBARY, FL 32713 US

Title: SEC (X) Change () Addition
Name: MAGUIRE, JOSEPH F IV
Address: 145 SPRING GLEN DRIVE
City-St-Zip: DEBARY, FL 32713 US

Title: TREA (X) Change () Addition
Name: MAGUIRE, JOSEPH F IV
Address: 145 SPRING GLEN DRIVE
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH F MAGUIRE IV

PRES

04/21/2006

Electronic Signature of Signing Officer or Director

Date