2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100600

FILED May 01, 2008 Secretary of State

Entity Na	me: THEB	LACK TELEVISION, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
4213 BRANCHSIDE LANE WESLEY CHAPEL, FL 33543				31141 ASHLEY PINES PLACE WESLEY CHAPEL, FL 33543		
Current Mailing Address:				New Mailing Address:		
4213 BRANCHSIDE LANE WESLEY CHAPEL, FL 33543				31141 ASHLEY PINES PLACE WESLEY CHAPEL, FL 33543		
FEI Number	: 20-3183772	FEI Number Applied For ()	nber Applied For () FEI Number Not Applicable ()) Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	ESTSHORE	E, ALEXANDER ESQ. EBLVD STE 200 US				
	e named enti e of Florida.	ty submits this statement for the	purpose of ch	nanging its regis	stered office or registered agent, or both,	
SIGNATU	RE:					
	Elect	ronic Signature of Registered A	gent		Date	
		.193(2)(b), F.S., the corporation did cing Trust Fund Contribution ().	not receive the p	orior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	4213 BRAN WESLEY C	() Delete I, ADESOLA O CHSIDE LANE HAPEL, FL 33543	Ad Cit	me: ADEW dress: 31141 y-St-Zip: WESL	(X) Change () Addition //UNMI, ADESOLA O ASHLEY PINES PLACE LEY CHAPEL, FL 33543	
Title:	V	() Delete	Tit	e: V	(X) Change()Addition	

Name: ADEWUNMI, CHERLENE L Address: 4213 BRANCHSIDE LANE

City-St-Zip:

WESLEY CHAPEL, FL 33543

Name: ADEWUNMI, CHERLENE L Address: 31141 ASHLEY PINES PLACE City-St-Zip: WESLEY CHAPEL, FL 33543

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: ADESOLA ADEWUNMI Ρ 05/01/2008