


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 31, 2008 08:00 A
Secretary of State**

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| DOCUMENT # P05990 1. Entity Name NTS CAPITAL CORPORATION |  |
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|---|---|
| Principal Place of Business 10172 LINN STATION RD. LOUISVILLE, KY 40223 | Mailing Address 10172 LINN STATION RD. LOUISVILLE, KY 40223 |
|---|---|



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 61-0962230 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC NICHOLS, J D 10172 LINN STATION ROAD LOUISVILLE, KY 40223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP WELLS, GREGORY A 10172 LINN STATION RD LOUISVILLE, KY 40223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HOWARD, SUSAN M 10172 LINN STATION RD. LOUISVILLE, KY 40223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAVIN, BRIAN F 10172 LINN STATION ROAD LOUISVILLE, KY 40223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT PITCHFORD, DAVID B 10172 LINN STATION RD LOUISVILLE, KY 40223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/07/08-80045-025 150.00

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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: Susan M. Howard, VP/Sec Susan M. Howard, VP/Sec 1/14/2008 (502)426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #