

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016286

Entity Name: TMT PENSACOLA, INC

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

7280 PLANTATION ROAD  
SUITE I  
PENSACOLA, FL 32504

## New Principal Place of Business:

8808 N PALAFOX ST  
PENSACOLA, FL 32534

## Current Mailing Address:

10966 GRAVOIS IND CT  
SAINT LOUIS, MO 63128

## New Mailing Address:

FEI Number: 26-1955590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ST. LOUIS ORLANDO ENTERPRISES, INC  
379 WEST MICHIGAN STREET  
SUITE 200  
ORLANDO, FL 32806 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: CUTLIP, BRENT  
Address: 10966 GRAVOIS IND CT  
City-St-Zip: SAINT LOUIS, MO 63128

Title: VP ( ) Delete  
Name: JUDSON, CAROLINE  
Address: 10966 GRAVOIS IND CT  
City-St-Zip: SAINT LOUIS, MO 63128

Title: SEC ( ) Delete  
Name: CUTLIP, TODD  
Address: 10966 GRAVOIS IND CT  
City-St-Zip: SAINT LOUIS, MO 63128

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRENT CUTLIP

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date