

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31739

1. Corporation Name

TLC NATIONAL MARKETING COMPANY OF DELAWARE, INC.

Principal Place of Business

6116 N. CENTRAL EXPWY. #1400
DALLAS TX 75206

Mailing Address

6116 N. CENTRAL EXPWY. #1400
DALLAS TX 75206

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90042 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1990

4. FEI Number

75-2334840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C.	<input checked="" type="checkbox"/> DELETE
NAME	BARR, BYRON BURK	
STREET ADDRESS	6638 WILLIAMSON RD.	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD.	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, ROBERT H.	
STREET ADDRESS	6131 LUPTON	
CITY-ST-ZIP	DALLAS TX	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	CAVALIER, BARBARA G.	
STREET ADDRESS	6935 TOKALON	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WITTEN, CURTIS A.	
STREET ADDRESS	8801 ROYAL HARBOR CT.	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CAVALIER, GERALD F.	
STREET ADDRESS	6935 TOKALON	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES HOBBS	
1.3 STREET ADDRESS	6116 N. CENTRAL #1433	
1.4 CITY-ST-ZIP	DALLAS, TX 75206	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRISTOPHER L. WEAVER	
2.3 STREET ADDRESS	6116 N. CENTRAL #1433	
2.4 CITY-ST-ZIP	DALLAS, TX 75206	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered agent or the person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an affidavit of my authority to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

REQUIRED

3-12-99

Date

Daytime Phone #

CR2E034 (11/98)