

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P36142**

1. Entity Name  
**QUAD CITIES TELEVISION ACQUISITION CORP.**



Principal Place of Business  
**915 MIDDLE RIVER DRIVE, SUITE 409  
FT LAUDERDALE, FL 33304**

Mailing Address  
**915 MIDDLE RIVER DRIVE, SUITE 409  
FT LAUDERDALE, FL 33304**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0245148** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000472985  
03/30/06-80016-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRANT, MILTON
STREET ADDRESS	2100 S OCEAN LANE #1912
CITY- ST- ZIP	FT. LAUDERDALE, FL
TITLE	AS
NAME	RYAN, MARK P
STREET ADDRESS	1217 ORANGE ISLE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33315
TITLE	PST
NAME	GRANT, MILTON
STREET ADDRESS	2100 S OCEAN LANE #1912
CITY- ST- ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #