

Feb 12, 2008 08:
Secretary of S**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000049459

1. Entity Name
REA TRANSMITTERS INCPrincipal Place of Business
7410 RIPLEY CT.
ORLANDO, FL 32836Mailing Address
7410 RIPLEY CT.
ORLANDO, FL 32836

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3195102Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**GRIBBINS, LINDA
7410 RIPLEY CT.
ORLANDO, FL 32836**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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/2008

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**TITLE D
NAME REA, MICHAEL
STREET ADDRESS 7410 RIDLEY CT
CITY-ST-ZIP ORLANDO, FLTITLE D
NAME REA, SUSAN
STREET ADDRESS 7410 RIPLEY CT
CITY-ST-ZIP ORLANDO, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPU00000825509
02/21/08-80011-021 150.00**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 #

2/8/2008