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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9300060905

TNTV	/ENDING,	INC.										
Principal Place of Business  2015 2011 WEAVER PARK DRIVE CLEARWATER FL 94025 US 33765  Mailing Address WEAVER PARK DRIVE CLEARWATER FL 94025 US 33765						_		DO NOT WRITE IN THIS SPACE				
03	99/63	•	US	337	<sub>'</sub> ဖြ			3. Date Incorporated or Qualife 08/26/1993		SPACE		
2. Principal F	Place of Busi	iness	2a. Mailing A	Address				4, FEI Number			Applied For	
21			26					59-3199961			Not Applicable	
Suite, Apt	#, etc.		Suite, Ap	it. #, etc.				5. Certifcate of Status Desired			5 Additional e Reguired	
City & Sta			27	late	<u>-</u>	-		6 Floation Compaign Financias			<del></del>	
23			28	<del>⊦-</del> ¬ ′				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip 		Country	Zip		Countr	У		8. This corporation owes the cu	rrent year Int		_	
24		25	29	<del></del>	30			Personal Property Tax.	<u> </u>	Yes	□No	
	9. Name	and Address of Curre	ent Registered Age	<u>int</u>	81	1 Nam		10. Name and Address of New	Registered	Agent		
GUL	LOTTA, THO	OMAS B			0	i ivan	t					
	8 LOS LOM				82	2 Stre	t Addre	ss (P.O. Box Number is Not Accep	table)			
	ARWATER				83	1						
					10.	Ί						
										85	Zip Code	
					84	City			FL	.		
office or i	registered ag	sions of Sections 607.05 gent, or both, in the State ith, and accept the obligi	e of Florida. Such ch	hange was	utes, the above	re-name	d corpor poration	ration submits this statement for the	e purpose of	changing	j its registered s registered	
office or i	registered ag am familiar wi	gent, or both, in the State rith, and accept the obliga	e of Florida. Such ch gations of, Section 60	hange was 107.0505, Fl	utes, the above authorized by lorida Statute	/e-name / the co s.	poration	o's board of directors. I hereby acce	e purpose of ept the appoi	changing	g its registered s registered	
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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 receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or of an attacking with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

776045 BEGULO TTA 129/99727-412-0191