## 2005 FOR PROFIT CORPORATION ANNUAL-REPORT

SIGNATURE:

## May 05, 2005 08:00 AM Secretary of State DOCUMENT # P94000026071 1. Entity Name MIZLOU TELEVISION NETWORK, INC. Mailing Address Principal Place of Business 6643 CATALPA DR 6643 CATALPA DR **NEW PORT RICHEY, FL 34655** NEW PORT RICHEY, FL 34655 HS CB2E034 (10/03) 01172005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3248291 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIANO, VICTOR L DO NOT WRITE 6643 CATALPA DR NEW PORT RICHEY, FL 34655 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PIANO, VICTOR NAME STREET ADDRESS 6643 CATALPA DR NEW PORT RICHEY, FL 34655 CITY-ST-ZIP U00000362593 05/05/05-80125-006 150.00 MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 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 trusted 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**