
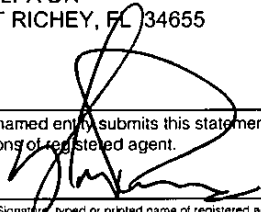
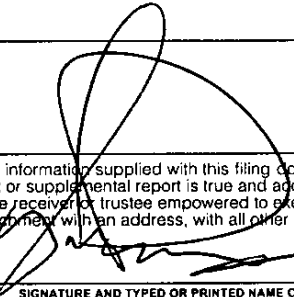


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90399 049 \*\*\*150.00

DOCUMENT # P94000026071					
1. Entity Name <b>MIZLOU TELEVISION NETWORK, INC.</b>					
Principal Place of Business <b>6643 CATALPA DR NEW PORT RICHEY, FL 34655 US</b>			Mailing Address <b>6643 CATALPA DR NEW PORT RICHEY, FL 34655 US</b>		
2. Principal Place of Business <b>18501 Council Crest Dr.</b>		3. Mailing Address <b>1853 Gunn Hwy #3B</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Odessa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3248291</b>	
Zip <b>33556</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33626</b>		Country		6. Name and Address of Current Registered Agent <b>PIANO, VICTOR L 6643 CATALPA DR NEW PORT RICHEY, FL 34655</b>	
7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>18501 Council Crest Dr.</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>		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  <b>Victor L Piano</b> DATE <b>4-26-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIANO, VICTOR 6643 CATALPA DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIANO, VICTOR 6643 CATALPA DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIANO, VICTOR 6643 CATALPA DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIANO, VICTOR 6643 CATALPA DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIANO, VICTOR 6643 CATALPA DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
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:  <b>Victor L Piano</b> DATE <b>4-26-06</b> 813-792-8028 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					