## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000049345

Address:

City-St-Zip:

Entity Name: TAMPA BAY COMMUNICATIONS SUPPLY, INC.

**FILED** Apr 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5408-B NORTH 59TH STREET TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 5408-B NORTH 59TH STREET TAMPA, FL 33610 FEI Number: 59-3253421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDERMOTT, MICHAEL P.A. 791 W LUMSDEN AVE BRANDON, FL 33511 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition Title: ( ) Delete Title: LAMBERT, WILLIAM M III LAMBERT III, WILLIAM M PRES Name: Name: 5408-B NORTH 59TH STREET 2540 LAURELWOOD LANE Address: Address: TAMPA, FL 33610 City-St-Zip: City-St-Zip: VALRICO, FL 33594 US Title: Title: (X) Change ( ) Addition () Delete Name: LAMBERT, MARY E Name: SMITH. JULIE R VP 5408-B NORTH 59TH STREET 12712 BALM RIVER ROAD Address: Address: RIVERVIEW, FL 33569 US TAMPA, FL 33610 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete HEIDTMAN, SANDRA L SEC Name: Name: 5604 WILLIAM GRANT WAY APT. 102 Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33610 US Title: () Delete Title: ( ) Change (X) Addition HICKS, CHRISTY M TREAS Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6209 KITERIDGE DRIVE

LITHIA, FL 33547 US

SIGNATURE: CHRISTY HICKS **TRES** 04/25/2007