## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P94000049345

Title:

Name: Address:

City-St-Zip:

Entity Name: TAMPA BAY COMMUNICATIONS SUPPLY, INC.

FILED Jul 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5474 WILLIAMS ROAD SUITE 2A TAMPA, FL 33610 **New Mailing Address: Current Mailing Address:** 5474 WILLIAMS ROAD SUITE 2A 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LAMBERT III, WILLIAM M PRES Name: Name: 2540 LAURELWOOD LANE Address: Address: City-St-Zip: VALRICO, FL 33596 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SMITH, JULIE R VP Name: 12712 BALM RIVER ROAD Address: Address: RIVERVIEW, FL 33569 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition HEIDTMAN, SANDRA L SEC Name: Name: 5604 WILLIAM GRANT WAY APT. 102 Address: Address: City-St-Zip: TAMPA, FL 33610 US City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM LAMBERT PRES 07/02/2009

(X) Delete

HICKS, CHRISTY M TREAS

6209 KITERIDGE DRIVE

LITHIA, FL 33547 US

() Change () Addition