


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90178 004 \*\*\*150.00

<b>DOCUMENT # P94000053135</b> 1. Entity Name <b>TELECAST OF FLORIDA, INC.</b>					
Principal Place of Business <b>225 CITY LINE AVE STE 200 BALA CYNWYD, PA 19004</b>			Mailing Address <b>225 CITY LINE AVE STE 200 BALA CYNWYD, PA 19004</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>76-0463923</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LODGE, TED S</b>		NAME	<b>D/C Marshall W. Pagon</b>	
STREET ADDRESS	<b>225 CITY LINE AVE STE 200</b>		STREET ADDRESS	<b>225 City Line Ave, Suite 200</b>	
CITY-ST-ZIP	<b>BALA CYNWYD, PA 19004</b>		CITY-ST-ZIP	<b>Bala Cynwyd, PA 19004</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VERLIN, HOWARD E.</b>		NAME		
STREET ADDRESS	<b>225 CITY LINE AVE STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BALA CYNWYD, PA 19004</b>		CITY-ST-ZIP		
TITLE	SGC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLANK, SCOTT A</b>		NAME		
STREET ADDRESS	<b>225 CITY LINE AVE STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BALA CYNWYD, PA 19004</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POOLER, JOSEPH</b>		NAME		
STREET ADDRESS	<b>225 CITY LINE AVE STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BALA CYNWYD, PA 19004</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b> <i>Howard E. Verlin</i>			<i>Howard Verlin</i> 42904 6109347000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		