

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000067751

1. Entity Name
PERSONALIZED PROGRAMMING SERVICE, INC.



Principal Place of Business
C/O JOSEPH MAURER
4521 PGA BLVD., SUITE 373
PALM BEACH GARDENS, FL 33418

Mailing Address
C/O JOSEPH MAURER
4521 PGA BLVD., SUITE 373
PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

8 F 5 1 , , , , 2 3 3 1 - F &

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0606008
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURER, JOSEPH
4521 PGA BLVD., SUITE 373
PALM BEACH GARDENS, FL 33418

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000034511
02/05/04-80087-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MAURER, JOSEPH
4521 PGA BLVD SUITE 373
PALM BEACH GARDENS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MAURER, DORIS
4521 PGA BLVD SUITE 373
PALM BEACH GARDENS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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.

SIGNATURE:

Joseph Maurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 5616272067

Date

Daytime Phone #