

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 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



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000585711  
01/16/07-80024-004 150.00

**10. OFFICERS AND DIRECTORS**

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

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IN THIS SPACE**

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:** *Joseph Maurer* *Joseph Maurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/07 561-6272067*  
Date Daytime Phone #