

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90105 041 ***150.00

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1. Entity Name

TIGER EYE BROADCASTING CORPORATION



Principal Place of Business

3400 LAKESIDE DRIVE
SUITE 500
MIRAMAR, FL 33027 US

Mailing Address

3400 LAKESIDE DRIVE
SUITE 500
MIRAMAR, FL 33027 US



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0642669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLETTI, JOSEPH R
3550 BISCAYNE BLVD.
SUITE 610
MIAMI, FL 33137

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KYLE, JOHN N II
STREET ADDRESS	3400 LAKESIDE DRIVE, STE #500
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	ROEHRS, JOHN D
STREET ADDRESS	12108 N. 80TH PLACE
CITY-ST-ZIP	SCOTTSDALE, AZ 85260
TITLE	S
NAME	BRUNI, KRISTINA
STREET ADDRESS	3400 LAKESIDE DR., SUITE 500
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	<i>Dennis Gallagher</i>
NAME	<i>3400 Lakeside Dr Ste 500</i>
STREET ADDRESS	<i>Miramar, FL 33027</i>
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #