

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000005720	
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
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01062007 No Chg-P CR2E034 (11/05)

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
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KYLE, JOHN N II 3400 LAKESIDE DRIVE, STE #500 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEHRS, JOHN D 12108 N. 80TH PLACE SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNI, KRISTINA 3400 LAKESIDE DR., SUITE 500 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JAMES 3400 LAKESIDE DR. SUITE 500 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80045-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 954.431.3144