

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 019 ***150.00

DOCUMENT # P9600002873

1. Entity Name
SOUTHERN TV CORPORATION



Principal Place of Business

**4950 GULF BLVD
1008
ST PETE BEACH, FL 33706**

Mailing Address

**4950 GULF BLVD
1008
ST PETE BEACH, FL 33706**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3379075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIPER, MICHAEL B
3637 - 4TH ST N
SUITE 410
ST PETERSBURG, FL 33704**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, DAN L
STREET ADDRESS	4950 GULF BLVD 1008
CITY-ST-ZIP	ST PETE BCH, FL 33706
TITLE	D
NAME	KEELEAN, ROBERT G
STREET ADDRESS	1928 CAROLINA AVE NE 4950 GULF BLVD
CITY-ST-ZIP	ST PETERSBURG, FL 33703 #1004
TITLE	
NAME	ST. PETE BEACH, FL
STREET ADDRESS	33706
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 #

Dan L. Johnson **DAN L. JOHNSON** 2/1/08 7274203060