

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068069

1. Corporation Name
PRAISE TV, INC.

Principal Place of Business
**14444 66TH STREET NORTH
CLEARWATER FL 34624**

Mailing Address
**14444 66TH STREET NORTH
CLEARWATER FL 34624**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90079 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

59-3397148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State
Safety Harbor, Florida

24 Zip Country

29 Zip Country
34695-9875 USA

9. Name and Address of Current Registered Agent

**SHREFFLER, ROBERT
14444 66TH STREET NORTH
CLEARWATER FL 33764**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PAUL	
STREET ADDRESS	14444 66TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUBECK, DUSTIN D	
STREET ADDRESS	14444 66TH ST NO	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, DON	
STREET ADDRESS	14444 66TH ST NO	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHREFFLER, ROBERT	
STREET ADDRESS	14444 66TH ST NO	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUECHER, DAN	
STREET ADDRESS	14444 66TH ST. NO	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, J. ERIC J D.O.	
STREET ADDRESS	14444 66TH ST NO	
CITY-ST-ZIP	CLEARWATER FL 33764	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rick Rusaw	XX
1.3 STREET ADDRESS	14444 66th St N	
1.4 CITY-ST-ZIP	Clearwater, Florida 33764	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Shreffler **Robert A. Shreffler** **2/6/99 (727) 536-0036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)