

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90023 045 \*\*\*150.00



**DOCUMENT # P96000099043**

1. Entity Name

ONE TIME TRANSMISSION, INC.

Principal Place of Business

236 PONDELLA RD  
 N. FORT MYERS FL 33903

Mailing Address

236 PONDELLA RD  
 N. FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

919 Altadena Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

4. FEI Number

65-0713569

Applied For

Not Applicable

Zip

Country

Zip

Country

33919

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUNSIGNORE, MARK  
 218 PONDELLA ROAD  
 FORT MYERS FL 33903

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE PD  Delete  
 NAME BOUNSIGNORE, MARK  
 STREET ADDRESS 236 PONDELLA RD  
 CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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: *Mark Bounsignore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK BOUNSIGNORE 2-10-04 482-0796 (239)

Date

Daytime Phone #