

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000006521

Entity Name: CHANNELSIDE, INC.

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1405 W. SWANN AVE.  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

1405 W. SWANN AVE.  
TAMPA, FL 33606 US

**New Mailing Address:**

FEI Number: 59-3418357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TEAR, W. GREGORY  
8530 N NEWPORT AVE  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURNS, KEVIN J  
Address: 4508 BROOKWOOD DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: TD  
Name: TEAR, W. GREGORY  
Address: 8530 N NEWPORT AVE  
City-St-Zip: TAMPA, FL 33604

Title: SD  
Name: SCARRITT, THOMAS P JR.  
Address: 1405 W. SWANN AVE.  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS SCARRITT

D

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date