2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: X

FILED Feb 21, 2005 08:00 AM DOCUMENT # P98000034917 1. Entity Name **Secretary of State** TELEVISION ADVERTISING PARTNERS, INC. Mailing Address Principal Place of Business 165 LAKEVIEW WAY OLDSMAR FL 34677 165 LAKEVIEW WAY OLDSMAR FL 34677 3. Mailing Address 2. Principal Place of Business SAME SAME Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3532573 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CIANFRONE, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 1668 BAYSHORE BOULEVARD DUNEDIN FL City 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 tills if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. muAddition ☐ Change TITLE Detete RITCHIE, HOWARD F JR NAME NAME 100000236217 165 LAKEVIEW WAY STREET ADDRESS STREET ADDRESS 02/21/05-80009-007 150.00 OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete THIF ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE THTLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Change ☐ Addition HILLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

(HOWARD F. RITCHIE JA)