




**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P98000089332</b> 1. Entity Name TV PROPERTIES, INC.</div><div style="text-align: center;"></div></div>		<b>Secretary of State</b>	
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 2286 WEST FIRST STREET FORT MYERS, FL 33901</div><div>Mailing Address 2286 WEST FIRST STREET FORT MYERS, FL 33901</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"><span>02242005</span><span>No Chg-P</span><span>CR2E034 (10/03)</span></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"><div>4. FEI Number 65-0873379</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>	
DO NOT WRITE IN THIS SPACE			
<b>5. Name and Address of Current Registered Agent</b>  TWEED, THOMAS D 2286 WEST FIRST STREET FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE	
<b>8.</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<b>9.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000257641 03/10/05-80010-003 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	TWEED, THOMAS D		
STREET ADDRESS	2286 WEST FIRST STREET		
CITY - ST - ZIP	FORT MYERS, FL 33901		
TITLE	D		
NAME	VAUGHT, DOUGLAS		
STREET ADDRESS	2286 WEST FIRST STREET		
CITY - ST - ZIP	FORT MYERS, FL 33901		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
<b>12.</b> 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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/4/05 (239) 332-3777 <small>Date Daytime Phone #</small>	