2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000052013

1. Entity Name
HDTV SOLUTIONS, INC.

Principal Place of Business	Mailing Address
308 E HAZEL STREET ORLANDO, FL 32804 US	10425 ILONA AVE LOS ANGELES, CA 90064 US

03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0933437
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROST, SCOTT R
444 SEABREEZE BOULEVARD, SUITE 800
DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	SCHILOWITZ, EDWARD
STREET ADDRESS	10425 ILONA AVENUE
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	VP
NAME	SCHILOWITZ, EDWARD L VP
STREET ADDRESS	10425 ILONA AVE
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	SECY
NAME	SCHILOWITZ, JODI L SECY
STREET ADDRESS	10425 ILONA AVENUE
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524400
05/03/06-80108-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jodi Schilowitz Jodi Schilowitz 4-15-06 310-441-502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #