

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063157

FILED
Apr 23, 2009
Secretary of State

Entity Name: DOWNTOWN TRANSMISSIONS, INC.

Current Principal Place of Business:

1543 S. STATE RD 7
FORT LAUDERDALE, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

1543 S. STATE RD 7
FORT LAUDERDALE, FL 33317

New Mailing Address:

FEI Number: 65-0933643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMPES, LINDA L
6045 LACE WOOD CIRCLE
LANTANA, FL 33462 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEMPES, ROSS J PRES
Address: 2635 TAYLOR STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD () Delete
Name: KEMPES, SUSAN TREAS
Address: 2635 TAYLOR STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP D () Delete
Name: BIGGS, STEPHAN D VP
Address: 8220 SW 7TH CT
City-St-Zip: N. LAUDERDALE, FL 33068 US

Title: S D () Delete
Name: BIGGS, SUE ANN SEC
Address: 8220 SW 7TH CT
City-St-Zip: N. LAUDERDALE, FL 33068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUE ANN BIGGS

S D

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date