

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90965 050 ***150.00

DOCUMENT # F02000005899



1. Entity Name
SUMMIT AMERICA TELEVISION, INC.

Principal Place of Business
5388 HICKORY HOLLOW PARKWAY
ANTIOCH TN 37013

Mailing Address
5388 HICKORY HOLLOW PARKWAY
ANTIOCH TN 37013

10027265



2. Principal Place of Business
400 Fifth Avenue South

3. Mailing Address
400 Fifth Avenue South

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number **62-1282758** Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country
34102 USA

Zip Country
34102 USA

Zip Country
34102 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **DITOMASSI, GEORGE**
STREET ADDRESS **400 5TH AVENUE SOUTH, SUITE 205**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **Director** Change Addition
NAME **Woods, Frank A.**
STREET ADDRESS **5388 Hickory Hollow Parkway**
CITY-ST-ZIP **Antioch, Tennessee 37013**

TITLE **CD** Delete
NAME **CLINTON, J.D.**
STREET ADDRESS **400 5TH AVENUE SOUTH, SUITE 205**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **BONE, CHARLES W**
STREET ADDRESS **424 CHURCH STREET, SUITE 900**
CITY-ST-ZIP **NASHVILLE TN 37219**

TITLE **Secretary, Director** Change Addition
NAME **Bone, Charles W.**
STREET ADDRESS **511 Union Street, Suite 1600**
CITY-ST-ZIP **Nashville, Tennessee 37219**

TITLE **D** Delete
NAME **JOLLEY, A.E.**
STREET ADDRESS **5715 SUPERIOR DRIVE**
CITY-ST-ZIP **MORRISTOWN TN 37814-1075**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **OVERHOLT, JOSEPH**
STREET ADDRESS **1065 COSBY HIGHWAY**
CITY-ST-ZIP **NEWPORT TN 37821**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **STANSBERRY, DON C JR**
STREET ADDRESS **5 COURTHOUSE SQUARE**
CITY-ST-ZIP **HUNTSVILLE TN 37756**

TITLE Change Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **SIGNATURE REQUIRED** *George J. Tomasi* **2/18/03** **(786) 206-0047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)