

2002 UNIFORM BUSINESS REPORT (UBR)

0022707

DOCUMENT # M00000000107

1. Entity Name

DISCOVERY TELEVISION CENTER, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -2 PM 3:40

W
5/20

Principal Place of Business

7700 WISCONSIN AVE.
BETHESDA MD 20814-3522

Mailing Address

7700 WISCONSIN AVE.
BETHESDA MD 20814-3522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NA

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HENDRICKS, JOHN 7700 WISCONSIN AVENUE BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCHALE, JUDITH 7700 WISCONSIN AVENUE BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT DUNG, GREG 7700 WISCONSIN AVENUE BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLINGER, MARK 7700 WISCONSIN AVENUE BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUDANY, TIA 7700 WISCONSIN AVENUE BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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05/02/02 01063 001
****250.00 ****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Greg Durig

SIGNATURE REQUIRED

Greg Durig

Date

301-771-5225

Daytime Phone #

CR2E083 (9/01)