

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 016 ***550.00

DOCUMENT # P00769

1. Entity Name
WTSP/WXTB, INC.

Principal Place of Business

50 E. RIVER CENTER BLVD
STE 1200
COVINGTON KY 41011
US

Mailing Address

50 E. RIVER CENTER BLVD
STE 1200
COVINGTON KY 41011
US

2. Principal Place of Business

200 E. BASSE ROAD

3. Mailing Address

200 E. BASSE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAN ANTONIO, TX

City & State

SAN ANTONIO, TX

4. FEI Number

31-1081002

Applied For

Not Applicable

Zip

78209

Country

USA

Zip

78209

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **V** ☒ Delete
NAME **CROWL, DAVID H.**
STREET ADDRESS **50 E. RIVER CENTER BLVD**
CITY-ST-ZIP **COVINGTON KY**

TITLE **VSDO** ☒ Delete
NAME **WEBER, R C**
STREET ADDRESS **50 E. RIVER CENTER BLVD**
CITY-ST-ZIP **COVINGTON KY**

TITLE **V** ☒ Delete
NAME **KERSTING, JEROME L**
STREET ADDRESS **50 E. RIVER CENTER BLVD**
CITY-ST-ZIP **COVINGTON KY**

TITLE **VSTD** ☒ Delete
NAME **BERRY, JON**
STREET ADDRESS **50 E. RIVER CENTER BLVD**
CITY-ST-ZIP **COVINGTON KY**

TITLE **P** ☐ Delete
NAME **MICHAELS, RANDY**
STREET ADDRESS **50 E. RIVER CENTER BLVD**
CITY-ST-ZIP **COVINGTON KY 41011**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☐ Change ☒ Addition
NAME **MAIS, MARK P.**
STREET ADDRESS **200 E. BASSE ROAD**
CITY-ST-ZIP **SAN ANTONIO, TX 78209**

TITLE **DN** ☐ Change ☒ Addition
NAME **MAIS, RANDALL T.**
STREET ADDRESS **200 E. BASSE ROAD**
CITY-ST-ZIP **SAN ANTONIO, TX 78209**

TITLE **D** ☐ Change ☒ Addition
NAME **MAIS, L. LOWRY**
STREET ADDRESS **200 E. BASSE ROAD**
CITY-ST-ZIP **SAN ANTONIO, TX 78209**

TITLE **V** ☐ Change ☒ Addition
NAME **ROSALLES, STEPHANIE**
STREET ADDRESS **200 E. BASSE ROAD**
CITY-ST-ZIP **SAN ANTONIO, TX 78209**

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)