2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # 446572** 1. Entity Name MAC'S TELEVISION INC. 01-26-2000 90017 038 ***150.00 Principal Place of Business Mailing Address 652 S. WASHINGTON BLVD. 652 S. WASHINGTON BLVD. SARASOTA FL 34236 SARASOTA FL 34236-7108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1509621 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOOTH RUSSO, JOHN R Street Address (P.O. Box Number is Not Acceptable) 5326 8TH ST CT W **BRADENTON FL 34207** SARASOTA Zip Code 34236 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. typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT Delete TITLE TITLE BOOTH, L F NAME NAME BOOTH, L.F. STREET ADDRESS 3080-47TH ST. STREET ADDRESS BORD 47th ST. SARASOTA FL. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34236 DIRECTOR RUSSO, JOHN R. 5326 8 th St. Ct. W. XI Change ☐ Delete TITLE RUSSO, JOHN R NAME NAME 5326 8TH ST CT W STREET ADDRESS STREET ADDRESS CITY-ST-7IP BRADENTON, FL. 34207 CITY-ST-ZIP **BRADENTON FL 34207** TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _____ TITI F ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 cath; 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

