

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 539302

Entity Name  
CHUCK'S T.V., INC.

FILED  
Apr 17, 2000 8:00 am  
Secretary of State  
04-17-2000 90009 043 \*\*\*150.00

Principal Place of Business	Mailing Address
S. FEDERAL HIGHWAY BEACH FL 33062	703 S. FEDERAL HIGHWAY POMPANO BEACH FL 33062

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1753956	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, FRED  
1760 SE 21 AVENUE  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \_\_\_\_\_ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT WEBSTER, FRED 1760 SE 21 AVE POMPANO BCH FL	TITLE	Change Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	33062
TITLE	VPS WEBSTER, KAREN 1760 SE 21 AVE POMPANO BCH, FL 00000	TITLE	Change Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	33062
TITLE		TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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: Frederic Webster Date: 2-8-00 Daytime Phone #: 954-942-5111

CR2E034 (9/99)