

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004231

1. Entity Name

FOX COMMUNICATIONS CORPORATION

FILED

03 JAN 10 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13400 NE 20TH STE 28
BELLEVUE WA 98005

Mailing Address

13400 NE 20TH STE 28
BELLEVUE WA 98005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE 02-03

4. FEI Number

91-1434110

Applied For

Not Applicable

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

NRAI SERVICES, INC.

526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 *Carol Shelton* Carol Shelton - Asst. Sec. for NRAI Services, Inc. 1-6-03

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
BENSON, LONNIE
13400 NE 20TH STE 28
BELLEVUE WA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200009333492
12/04/02--01009--020 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GRABHAM, MICHAEL
13400 NE 20TH STE 28
BELLEVUE WA 98005 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200009333492
01/10/03--01040--001 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
01/10/03--01040--001 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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: *Lonnie Benson* SIGNATURE REQUIRED Lonnie Benson 11/26/02 (425) 828-4599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)