

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90422 017 ***150.00

DOCUMENT # F94000001610

1. Entity Name
AMERICAN TELECASTING OF JACKSONVILLE, INC.



Principal Place of Business
**6500 SPRINT PARKWAY
MS: HL-5ASTX
OVERLAND PARK, KS 66251-5777 US**

Mailing Address
**6500 SPRINT PARKWAY
OVERLAND PARK, KS 66251-5777 US**



03192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1268202

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLHASSEE, 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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KELLY, TIMOTHY E**
STREET ADDRESS **6200 SPRINT PKWY**
CITY-ST-ZIP **OVERLAND PARK, KS 66251**

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

TITLE **T** ☐ Delete
NAME **LINDAHL, RICHARD**
STREET ADDRESS **2001 EDMUND HALLEY DR**
CITY-ST-ZIP **RESTON, VA 20191**

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

TITLE **S/D** ☐ Delete
NAME **HILL, CHRISTIE A**
STREET ADDRESS **2001 EDMUND HALLEY DR**
CITY-ST-ZIP **RESTON, VA 20191**

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

TITLE **VP** ☐ Delete
NAME **BESHEARS, MARK V**
STREET ADDRESS **6500 SPRINT PARKWAY**
CITY-ST-ZIP **OVERLAND PARK, KS 662515777**

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

TITLE **D** ☒ Delete
NAME **BEGEMAN, GARY D**
STREET ADDRESS **2001 EDMUND HALLEY DR**
CITY-ST-ZIP **RESTON, VA 20191**

TITLE **D** ☐ Change ☒ Addition
NAME **Kennedy, Leonard**
STREET ADDRESS **2001 Edmund Halley Dr**
CITY-ST-ZIP **Reston, VA 20191**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark V Beshears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07
Date

913-315-5820
Daytime Phone #