

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000001985**

1. Entity Name

**TVMAX TELECOMMUNICATIONS, INC.****FILED****Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90072 030 \*\*\*150.00

Principal Place of Business 1111 W MOCKINGBIRD LANE SUITE 1000 DALLAS TX 75247 US		Mailing Address 1111 W MOCKINGBIRD LANE SUITE 1000 DALLAS TX 75247-5010 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4498704** Applied For ☐ Not Applied ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156****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 \$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. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRUNEL, LOUIS	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	BLANCHETTE, BERTRAND	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KATZENSTEIN, MICHAEL E	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, LYNN	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAGNON, ANDRE	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNEL, ANDRE	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	President, CEO, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Michael E. Katzenstein	
STREET ADDRESS	No Address Change	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Scott V. Williams	
STREET ADDRESS	No Address Change	
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	R. Douglas Leonhard	
STREET ADDRESS	No Address Change	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 #

214/634-3800