

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001985

1. Entity Name

TVMAX TELECOMMUNICATIONS, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90391 041 ***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
US

00044100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4498704

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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, 2001 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	PCD	<input type="checkbox"/> Delete
NAME	KATZENSTEIN, MICHAEL E	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	WILLIAMS, SCOTT V	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONHARD, R D	
STREET ADDRESS	1111 W MOCKINGBIRD LN, 10TH FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Dube	
STREET ADDRESS	1111 W. Mockingbird Lane, 10th Floor	
CITY-ST-ZIP	Dallas, Texas 75247	
TITLE	VP, Human Resources	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Zera	
STREET ADDRESS	1111 W. Mockingbird Lane, 10th Floor	
CITY-ST-ZIP	Dallas, Texas 75247	
TITLE	VP, Engineering	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Curtin	
STREET ADDRESS	1111 W. Mockingbird Lane, 10th Floor	
CITY-ST-ZIP	Dallas, Texas 75247	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Scott V. Williams

Date

214/634-3800

Daytime Phone #

CR2E034 (10/00)