

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90096 049 ***150.00

DOCUMENT # **F95000003569**

1. Corporation Name
TV TEMPS, INC.



Principal Place of Business

**3082 EVERGREEN PARKWAY, SUITE F
PO BOX 2101
EVERGREEN CO 80439**

Mailing Address

**3082 EVERGREEN PARKWAY, SUITE F
PO BOX 2101
EVERGREEN CO 80439**

NEW ADDRESS LISTED BELOW

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

84-1302031

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **602 Park Point Drive**

2a. Mailing Address

26 **PO Box 2101**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 285**

27

City & State

City & State

23 **Golden, CO**

28 **Evergreen, CO**

Zip Country

Zip Country

24 **80401**

25 **USA**

29 **80437-2101**

30 **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **MCLEAN, HEIDI**
STREET ADDRESS **31218 WHISTLER COURT**
CITY-ST-ZIP **EVERGREEN CO 80439**

TITLE **VC** ☐ DELETE
NAME **MCLEAN, GORDON**
STREET ADDRESS **31218 WHISTLER COURT**
CITY-ST-ZIP **EVERGREEN CO 80439**

TITLE **D** ☐ DELETE
NAME **TORRE, NORMAN**
STREET ADDRESS **PO BOX 1629 N/A**
CITY-ST-ZIP **EVERGREEN CO 80439**

TITLE **D** ☐ DELETE
NAME **YOUNG, JOYCE**
STREET ADDRESS **30922 HILLTOP DRIVE**
CITY-ST-ZIP **EVERGREEN CO 80439**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 **303-526-4900**
Date Daytime Phone #

CR2E034 (1/198)