

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -2 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000720

1. Entity Name

The Discovery Channel Store, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 Hearst Avenue

Suite, Apt. #, etc.

3. Mailing Address

7700 Wisconsin Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Berkeley, CA

City & State

Bethesda, MD

4. FEI Number

75-237455

Applied For

Not Applicable

Zip

94710

Country

USA

Zip

20814

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO Hendricks, John 7700 Wisconsin Avenue Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McTale, Judith 7700 Wisconsin Avenue Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT Durig, Greg 7700 Wisconsin Avenue Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hollinger, Mark 7700 Wisconsin Avenue Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005431289--8 -05/02/02--01063--001 ****250.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE JH516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Durig

Date

Daytime Phone

301-771-5225

CR2E034B (12/01)