

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001186

1. Entity Name

SUNRISE TELEVISION CORP.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90111 045 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3839 4TH ST N~~  
~~STE 420~~  
~~ST PETERSBURG FL 33703~~

~~3839 4TH ST N~~  
~~STE 420~~  
~~ST PETERSBURG FL 33703-6112~~

2. Principal Place of Business

720 2ND AVE SOUTH

3. Mailing Address

720 2ND AVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST PETERSBURG FLA

City & State

City & State

ST PETERSBURG FL

4. FEI Number

75-2688663

Applied For

Not Applicable

Zip

33701

Country USA

Zip

33701

Country USA

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MUSE, JOHN R	
STREET ADDRESS	200 CRESCENT COURT, STE. 1600	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVITT, MICHAEL J	
STREET ADDRESS	1325 AVE OF THE AMERICAS, 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSEY, JOHN H	
STREET ADDRESS	4004 WINDSOR AVE	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	CFO, SGT, EUP	<input type="checkbox"/> Delete
NAME	FITZ, DAVID A	
STREET ADDRESS	3839 4TH ST STE 420	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D, CEO	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT N	
STREET ADDRESS	127 EL PASCO	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DROGG, DANIEL	
STREET ADDRESS	200 CRESCENT CT #1600	
CITY-ST-ZIP	DALLAS TX 75201	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC NEWMAN	
STREET ADDRESS	200 CRESCENT CT #1600	
CITY-ST-ZIP	DALLAS TEXAS 75201	

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

DAVID A FITZ 3/28/2000

Date

727-821-7950

Daytime Phone #

CR2E034 (9/99)