

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90143 004 \*\*\*150.00

**DOCUMENT # F97000003401**

1. Entity Name  
**GRTV, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>400 S. EL CAMINO REAL #1100<br/>         SAN MATEO CA 94402-1708</b> | Mailing Address<br><b>400 S. EL CAMINO REAL #1100<br/>         SAN MATEO CA 94402-1708</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>94-3274718</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (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.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CCEO<br/>BATINOVICH, ROBERT<br/>441 ROEHAMPTON RD.<br/>HILLSBOROUGH CA 94010</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCOO<br/>BATINOVICH, ANDREW<br/>1201 MARLBOROUGH RD.<br/>HILLSBOROUGH CA 94010-1708</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>EVP<br/>BOYLE, SANDRA L<br/>431 HURLINGHAM<br/>SAN MATEO CA 94402</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVPT<br/>GARNICK, TERRI<br/>421 PARROTT<br/>SAN MATEO CA 94402</b> <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>EVPCFOAS<br/>Stephen R. Saul<br/>312 Melrose Avenue<br/>Mill Valley, CA 94941</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVPS<br/>AUSTIN, FRANK E<br/>180 E. CREEK DR.<br/>MENLO PARK CA 94025</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>CHENG, ANNA<br/>1621 ELM ST.<br/>SAN CARLOS CA 94070</b> <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SVP<br/>Daniel Levin<br/>2430 Sharon Oaks Drive<br/>Menlo Park, CA 94025</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |

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: Frank E. Austin Frank E. Austin, Secretary 4/23/01 (650) 343-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)