

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90196 046 ***150.00

DOCUMENT # F97000003401

1. Entity Name
GRTV, INC.



Principal Place of Business
**400 S. EL CAMINO REAL #1100
SAN MATEO CA 94402-1708**

Mailing Address
**400 S. EL CAMINO REAL #1100
SAN MATEO CA 94402-1708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3274718**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	BATINOVICH, ROBERT	
STREET ADDRESS	441 ROEHAMPTON RD.	
CITY-ST-ZIP	HILLSBOROUGH CA 94010	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	BATINOVICH, ANDREW	
STREET ADDRESS	1201 MARLBOROUGH RD.	
CITY-ST-ZIP	HILLSBOROUGH CA 94010-1708	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BOYLE, SANDRA L	
STREET ADDRESS	431 HURLINGHAM	
CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE	EVCS	<input type="checkbox"/> Delete
NAME	SAUL, STEPHEN R	
STREET ADDRESS	312 MELROSE AVENUE	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	AUSTIN, FRANK E	
STREET ADDRESS	180 E. CREEK DR.	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, DANIEL	
STREET ADDRESS	631 MANRESSA LANE	
CITY-ST-ZIP	LOS ALTOS CA 94022	

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	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Steele	
STREET ADDRESS	309 Clark Drive, San Mateo, CA	
CITY-ST-ZIP	(4402)	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Frank E. Austin, Secretary**

3/31/03

(650) 343-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)