

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004862

1. Entity Name
EFM PROGRAMMING, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 015 ***550.00

Principal Place of Business
50 E RIVERCENTER BLVD., 12TH FL
COVINGTON KY 41011

Mailing Address
50 E RIVERCENTER BLVD., 12TH FL
COVINGTON KY 41011

2. Principal Place of Business
200 E. BASSE ROAD
Suite, Apt. #, etc.

3. Mailing Address
200 E. BASSE ROAD
Suite, Apt. #, etc.

City & State
SAN ANTONIO, TX
Zip
78209
Country
USA

City & State
SAN ANTONIO, TX
Zip
78209
Country
USA

4. FEI Number 31-1511358
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	AXTEN, JOHN	
STREET ADDRESS	50 E RIVERCENTER BLVD., 12TH FL	
CITY-ST-ZIP	COVINGTON KY	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	WEBER, R C	
STREET ADDRESS	50 E RIVERCENTER BLVD., 12TH FL	
CITY-ST-ZIP	COVINGTON KY	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BERRY, JON M	
STREET ADDRESS	50 E RIVERCENTER BLVD., 12TH FL	
CITY-ST-ZIP	COVINGTON KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYS, MARK P.	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYS, RANDALL T.	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYS, L. LOWRY	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSALLES, STEPHANIE	
STREET ADDRESS	200 E. BASSE ROAD	
CITY-ST-ZIP	SAN ANTONIO, TX 78209	
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		

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
STEPHANIE A. ROSALES

8/9/00 (210) 832-3383
Date Daytime Phone #

CR2E034 (5/00)