

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003279

1. Entity Name

BET ACQUISITION CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 AM 9:36

Principal Place of Business

ONE BET PLAZA
1900 W PLACE, N.E.
WASHINGTON DC 20018-1211

Mailing Address

ONE BET PLAZA
1900 W PLACE, N.E.
WASHINGTON DC 20018-1211

2. Principal Place of Business

1235 "W" ~~STREET~~ PLACE, N.E.

3. Mailing Address

1235 "W" ~~STREET~~ PLACE, N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WASHINGTON D.C.

City & State

WASHINGTON D.C.

4. FEI Number

52-1769310

Applied For

Not Applicable

Zip

20018-1211

Country

USA

Zip

20018-1211

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 \$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 PD
NAME JOHNSON, ROBERT L
STREET ADDRESS ONE BET PLAZA, 1900 W PLACE, NE
CITY-ST-ZIP WASHINGTON DC 20018-1211 ☐ Delete

TITLE S
NAME LEE, DEBRA L
STREET ADDRESS ONE BET PLAZA, 1900 W PLACE, NE
CITY-ST-ZIP WASHINGTON DC 20018-1211 ☐ Delete

TITLE T
NAME CRAWFORD, DWIGHT
STREET ADDRESS ONE BET PLAZA, 1900 W PLACE, NE
CITY-ST-ZIP WASHINGTON DC 20018-1211 ☒ Delete

TITLE D
NAME WILKINS, HERBERT
STREET ADDRESS ONE BET PLAZA, 1900 W PLACE, NE
CITY-ST-ZIP WASHINGTON DC 20018-1211 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1235 "W" ~~STREET~~ PLACE N.E.
CITY-ST-ZIP WASHINGTON D.C. 20018-1211

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1235 "W" ~~STREET~~ PLACE N.E.
CITY-ST-ZIP WASHINGTON D.C. 20018-1211

TITLE ☐ Change ☒ Addition
NAME MARCHANT, BYRON F.
STREET ADDRESS ONE BET PLAZA, 1235 "W" ~~STREET~~ PLACE N.E.
CITY-ST-ZIP WASHINGTON D.C. 20018-1211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003404853--5
CITY-ST-ZIP -09/26/00--01080--003
****600.00 ****600.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (5/00)