

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004425

1. Entity Name

PRODELIN CORPORATION

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

05-03-2000 90124 044 \*\*\*150.00

Principal Place of Business

Mailing Address

565 FIFTH AVE., 17TH FL.  
NEW YORK NY 10017

565 FIFTH AVE., 17TH FL.  
NEW YORK NY 10017-2431

2. Principal Place of Business

3. Mailing Address

2600 N. LONGVIEW ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
KILGORE TX

4. FEI Number

56-1550098

Applied For

Not Applicable

Zip

Country

Zip

Country

75662

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
KANJIPE, GARY R  
1700 NE CABLE DR.  
CONOVER NC 28613 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOPD  
SHILLITO, WILLIAM  
1700 NE CABLE DR.  
CONOVER NC 28613 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BOWMAN, LARRY A  
1700 NE CABLE DR.  
CONOVER NC 28613 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MCMANUS, GARY  
1700 NE CABLE DR.  
CONOVER NC 28613 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTSD  
MCMANUS, GARY  
1700 NE CABLE DR.  
CONOVER NC 28613 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SHOEMAKE, MARVIN  
1700 NE CABLE DR.  
CONOVER NC 28613 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
LEVINS, ROBERT B  
565 FIFTH AVE.  
NEW YORK NY 10017 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GREEN, STEPHEN  
565 FIFTH AVE.  
NEW YORK NY 10017 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 another like empowered.

SIGNATURE:

*William L. Shillito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

828 466 9101  
703-450-5680

Daytime Phone #

CR2E034 (9/99)