

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004755

1. Entity Name

BALLANTYNE OF OMAHA, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90266 001 \*\*\*317.50

Principal Place of Business

Mailing Address

901 CENTRAL FLORIDA PKWY  
 STE A  
 ORLANDO FL 32824

4350 MCKINLEY STREET  
 OMAHA NE 68112-1643

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0587703

Applied For

Not Applicable

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 P ☐ Delete  
 NAME WILMERS, JOHN P  
 STREET ADDRESS 4350 MCKINLEY STREET  
 CITY-ST-ZIP OMAHA NE 68112

TITLE D ☐ Change ☒ Addition  
 NAME Campbell - COLIN H  
 STREET ADDRESS 1033 CUTLER CT.  
 CITY-ST-ZIP MISSISSAUGA, ONTARIO L5H 4C9

TITLE V ☐ Delete  
 NAME BOEGNER, RAY F  
 STREET ADDRESS 4350 MCKINLEY STREET  
 CITY-ST-ZIP OMAHA NE 68112

TITLE D ☐ Change ☒ Addition  
 NAME Geller Marshall  
 STREET ADDRESS 433 N. Camden Dr. Suite #500  
 CITY-ST-ZIP Beverly Hills, CA 90210

TITLE ST ☐ Delete  
 NAME FRENCH, BRAD  
 STREET ADDRESS 4350 MCKINLEY STREET  
 CITY-ST-ZIP OMAHA NE 68112

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

TITLE CD ☐ Delete  
 NAME TENNEY, ARNOLD S  
 STREET ADDRESS 122 OLD FORREST HILL ROAD, TORONTO  
 CITY-ST-ZIP CANADA M5P 2R9 NE 68112

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

TITLE D ☐ Delete  
 NAME ECHTENKAMP, RONALD H  
 STREET ADDRESS 4434 SOUTH 163RD STREET  
 CITY-ST-ZIP OMAHA NE 68135

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

TITLE D ☐ Delete  
 NAME CHELIN, JEFFREY D  
 STREET ADDRESS 260 HEATH STREET APARTMENT 505, TORONTO  
 CITY-ST-ZIP CANADA M5P 3L6

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 #

4-27-00 (902) 453 4444