

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000525

1. Entity Name

BROADCASTSTREAM CORPORATION

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90057 022 ***150.00

Principal Place of Business

4513 PIN OAK CT.
SIOUX FALLS SD 57103

Mailing Address

4513 PIN OAK CT.
SIOUX FALLS SD 57103-4967

2. Principal Place of Business

4161 Campus Point Ct.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 927897
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

San Diego, CA

City & State

San Diego, CA

4. FEI Number

46-0449153

Applied For

Not Applicable

Zip

Country

92121

USA

Zip

Country

92192-7897

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

NA

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REARDON, ROSEMARIE A DR. 514 S. MINNESOTA AVE. SIOUX FALLS SD 57104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT REARDON, B. SCOTT III 514 S. MINNESOTA AVE. SIOUX FALLS SD 57104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FURNES, LORI JEAN 109 E. GLENWOOD DR. BRANDON SD 57102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNUDSON, DAVID 513 S. MAIN AVE. SIOUX FALLS SD 57102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C Michael Heil 5885 Windland Hills Brancho Santa Fe, CA 92067	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T B. Scott Reardon, III 514 S. Minnesota Ave. Sioux Falls, SD 57104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Rosemarie Reardon 514 S. Minnesota Ave. Sioux Falls, SD 57104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gail J. McGovern	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James T. Vanderslice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jerome B. York	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)