

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90040 040 ***150.00

DOCUMENT # H65457

1. Entity Name
BESSINGER BROADCAST, INC..

Principal Place of Business % LARRY WAYNE BESSINGER 405 WILSON AVE. SATELLITE BEACH FL 32937	Mailing Address % LARRY WAYNE BESSINGER 405 WILSON AVE. SATELLITE BEACH FL 32937
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % Larry Bessinger Suite, Apt. #, etc. 405 Wilson Ave. City & State Satellite Beach, FL Zip 32937	3. Mailing Address % Larry Bessinger Suite, Apt. #, etc. 405 Wilson Ave. City & State Satellite Beach, FL Zip 32937
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4. FEI Number 59-2556508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BESSINGER, LARRY WAYNE
405 WILSON AVE.
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent
 Name **Larry Bessinger**
 Street Address (P.O. Box Number is Not Acceptable)
405 Wilson Ave.
 City **Satellite Beach** FL Zip Code **32937**

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 **Larry Bessinger** **Larry Bessinger P.D.S.** **1/4/2001**
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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESSINGER, LARRY		NAME		
STREET ADDRESS	405 WILSON AVE.		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESSINGER, DONALD		NAME		
STREET ADDRESS	405 WILSON AVE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESSINGER, BERENDA		NAME		
STREET ADDRESS	405 WILSON AVE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Larry Bessinger** **Larry Bessinger** **1/4/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)