

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66453

1. Entity Name

FLORIDA NEWS NETWORK, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90058 026 \*\*\*158.75

Principal Place of Business 1851 SOUTHAMPTON ROAD P.O. BOX 5270 JACKSONVILLE FL 32207-8648	Mailing Address 1851 SOUTHAMPTON ROAD P.O. BOX 5270 JACKSONVILLE FL 32207-8648
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2537837</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CAMPBELL, C. PHILIP, JR.</b> <b>ONE TAMPA CITY CENTER #2556</b> <b>TAMPA FL 33602</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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 type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PST</b>	<input type="checkbox"/> Delete	TITLE <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROUSCH, MIKE</b>		NAME <b>TOLAN, LYNN</b>	
STREET ADDRESS <b>490 E SOUTH STREET</b>		STREET ADDRESS <b>490 E South Street</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		CITY-ST-ZIP <b>ORLANDO, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STUTZ, MIKE</b>		NAME <b>VALET, FREDERICK</b>	
STREET ADDRESS <b>1851 SOUTHAMPTON RD</b>		STREET ADDRESS <b>1851 Southampton Rd</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP <b>Jacksonville, FL 32207</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRENNAN, KEVIN</b>		NAME <b>CHURCH, Jim</b>	
STREET ADDRESS <b>11450 GANDY BLVD</b>		STREET ADDRESS <b>11450 Gandy Blvd</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		CITY-ST-ZIP <b>ST. PETERSBURG, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PAHOVIE, BILL</b>		NAME	
STREET ADDRESS <b>3900 BISCAYNE BLVD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33137</b>		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: *Frederick Valet* **SIGNATURE REQUIRED** 3/21/00 904-393-9844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)