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SARASOTA FL 34232-3254

Zip

8. The above named entity submits this statement for the purpose of chan

Tax filing requirement and elects to do so.

9. This corporation is eligible to satisfy its Intangible

## **DOCUMENT # J84988**

SARASOTA FL 34232

DESOTO BROADCASTING, INC.

SAWYER, DANFORD L JR

2065 CANTU COURT

Principal Place of Business	
DOE CANTO COURT	

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 2065 CANTU COURT SARASOTA FL 34232-6239

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

City & State

6. Name and Address of Current Registered Agent

Country

Country

Name

4. FEI Number

5. Certificate of Status Desired

7." Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

65-0004505

Apr 24, 2000 8:00 am Secretary of State

01-14-2000 90066 018 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

60010UU

City

iging its registered office	or registered agent,	or both, in the State of Florida.

Signature, typed or printed name of registered agent and to	itle if applicable. (NOTE: Registered Agent signature required v	(NOTE: Registered Agent signature required when reinstating				
pration is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00	10				

). Election Campaign Financing

\$5.00 May Be

Applied For

را بالبربية Not Applica

\$8.75 Additional

Zip Code

Fee Required

(See criteria on back)		Make Check Payable	to Department of Sta	ate Inds: Fund Continues	won.	Audeo	to rees
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TITLE	PTD PRESIDENT/CHAIN		TITLE			Change	. 1300
NAME	SAWYER, DANFORD L., JR. 下戸の	: BDARD	NAME				
STREET ADDRESS	2065 CANTU COURT		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP				
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NAME	HARTLEY, MICHAEL		NAME				
STREET ADDRESS	2065 CANTU COURT		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP				
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NAME	Sawyer, Ruthanne		NAME				
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NAME	DR VICTON VAILE		NAME				
STREET ADDRESS	2065 CANTW COUNT	T	STREET ADDRESS				
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ζΠ	1-51-215	<u> </u>						CI11-SI-ZIF								
13	. I hereby	certify that th	e information	supplied wi	th this filing	does not d	qualify for th	ne exemption	stated in	Section 11	9.07(3)(i).	Florida Stat	utes. I furthe	r certify tha	at the info	ormation
	indicated	i on this repo	ort by supplem	ental report	is true and	accurate a	ind that my	signature sh	ali have ti	he same leg	gal effect a	ıs if made u	nder oath; th	nat I am an	officer or	r directo
	of the cou	rooration or	na receive on	· tructee/emi	nowered to	execute th	is∡ehort as	required by	Chapter (	607 Etorida	Statutes:	and that my	name appe	ars in Bloc	κ1√for P	3lock/12

changed, or on an attach ment with/an address, with all other SIGNATURE:

IM	イルノー	8
Sig	NATURE AND TYP	