

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12780

1. Entity Name

SONY BROADCAST EXPORT CORPORATION

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90074 033 ***150.00

Principal Place of Business

Mailing Address

BLUE LAGOON DRIVE
400
FL 33126

1 SONY DR.
MD T1-20
PARK RIDGE NJ 07656-8002
US

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

22-2867168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RABE, GREGORY	5201 BLUE LAGOON DR	MIAMI FL 33126	<input type="checkbox"/>
S	NEES, KENNETH L.	5201 BLUE LAGOON DRIVE	MIAMI FL 33126	<input type="checkbox"/>
D	ONISHI, TOCJIKO	5201 BLUE LAGOON DRIVE	MIAMI FL	<input type="checkbox"/>
D	STEINBERG, CHARLES	5201 BLUE LAGOON DRIVE	MIAMI FL 33126	<input checked="" type="checkbox"/>
CD	TSURUMI, MICHIAKI	5201 BLUE LAGOON DR	MIAMI FL 33126	<input type="checkbox"/>
V	MOSES, ROBERT	5201 BLUE LAGOON DRIVE STE 400	MIAMI FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	ZARATE, ALFONSO VIOLANTE	5201 BLUE LAGOON DRIVE	MIAMI, FLORIDA 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	HALBY, KAREN L.	5201 BLUE LAGOON DRIVE	MIAMI, FLORIDA 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	NUNEZ, MARIA CHRISTINA	5201 BLUE LAGOON DRIVE	MIAMI, FLORIDA 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)