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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

: Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K85515

	n Name				
UPN IEI	LEVISION, INC.	•		148 B	1441
Principal Plac	e of Business	Mailing Address		ו ואפונים ויאוים אוואים אוואים אוואים ווואים ווואים ואיווים ושוואים אוואים משווים מאווים וואיים של מושיים שואיי	1881
13773 ICOT BL	VD	13773 ICOT BLVD	•	, •	•
SUTIE 505	·	SUITE 505	•		
CLEARWATER	FL 33760	CLEARWATER FL 33760	•	DO NOT WRITE IN THIS SPACE	
US	. •	U\$		3. Date Incorporated or Qualified 04/28/1989	
2. Principal P	Place of Business	2a. Mailing Address	·	4. FEI Number Applied Fo	or
21		26		59-2949 145 Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	ai
22		27		5. Certificate of Status Desired Fee Required	•
City & Stat	te .	City & State		6. Election Campaign Financing Solution Solution Added to Fees	•
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	├ ─ '	30	Personal Property Tax.	,
\ <u></u> ,	9. Name and Address of Current			10. Name and Address of New Registered Agent	
		•	81 Name		
	OLD, STUART W.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1	73 ICOT BLVD, STE 505		Ou cor Acc	There are no seems a second of the second of	1212
CLE	ARWATER FL 33760		83	一种最级智慧的问题。 [19]	Constant Con
·	•		84 City	85 Zip Code	+ 3 4+7
and the state of t		3 1 444 1 1 444 1 1		FL	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	rea
			ilhonized by the corboral	tion's board of directors. I hereby accept the appointment as registered	
ि े agent. Fa	m familiar with, and accept the obligation	ns'of, Section 607.0505, Flori	ida Statutes.	tion's board of directors. I hereby accept the appointment as registered	•
SIGNATURE	m familiar with, and accept the obligation	ns'of, Section 607.0505, Flori	ida Statutes.		· - ·
SIGNATURE	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori on title if applicable. (NOTE:	ida Statutes. Registered Agent signature requir	red when reinstating):	- •
SIGNATURE	im familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0505, Flori is (NOTE: DIRECTORS)	Registered Agent signature required 13.	red when reinstating): DATE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
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14. 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 annual report or supplemental aprilal 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactiment with an aprilars, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90013 036 ***150.00