

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93350

1. Entity Name
CHANNEL 68 MARINA, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90034 023 ***150.00

Principal Place of Business INDIAN RIVER DR. SEBASTIAN FL 32958	Mailing Address PO BOX 0936 ROSELAND FL 32958-8615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 1825 PAR PL		4. FEI Number 65-0227102	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. SARASOTA			
City & State		City & State Sarasota, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip 34240	Country SARASOTA		

6. Name and Address of Current Registered Agent FEY, JODI R 806 INDIAN RIVER DR. SEBASTIAN FL 32958		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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"/>	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. <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 NAME STREET ADDRESS CITY-ST-ZIP	P FEY, RICHARD R. 806 INDIAN RIVER DR. SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEY, JODI R. 806 INDIAN RIVER DR. SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAMIEN GILLIAMS 806 Indian River Dr. Sebastian, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: Jodi R Fey **SIGNATURE REQUIRED** 4/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)