

# 2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # **L98000000193**

1. Entity Name

Channel 51, L.C.

Principal Place of Business

Attn: William L. Yde  
11840 N. Dragoon  
Springs Drive  
Tucson, AZ 85737

Mailing Address

Attn: William L. Yde  
11840 N. Dragoon  
Springs Drive  
Tucson, AZ 85737

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

58-2366386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

2001 MAY -2 PM 2:59

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 6. Name and Address of Current Registered Agent

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

## 7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State.**

**700004336777--3**

**-05/31/01--01091--017**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

## 9. MANAGING MEMBERS/MEMBERS

TITLE **Manager** ☐ Delete  
NAME **Yde, William L. III**  
STREET ADDRESS **11840 N. Dragoon Springs Drive**  
CITY-ST-ZIP **Tucson, AZ 85737**

TITLE **Vice President** ☒ Delete  
NAME **Arfman, Dale**  
STREET ADDRESS **9726 Gulfstream Drive**  
CITY-ST-ZIP **Fishers, IN 46038**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **Counsel** ☐ Change ☒ Addition  
NAME **Timmons, Jeffrey L. Esq.**  
STREET ADDRESS **3235 Satellite Boulevard, Suite 300**  
CITY-ST-ZIP **Duluth, GA 30096**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

Authorized Representative

Jeffrey L. Timmons, Esq.

4/30/01

770-291-2170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)