

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003217

1. Entity Name

GERMAN TELEVISION FLORIDA, L.L.C.

Principal Place of Business

2651 NORTH FEDERAL HIGHWAY, SUITE 200  
FT. LAUDERDALE FL 33306

Mailing Address

2651 NORTH FEDERAL HIGHWAY, SUITE 200  
FT. LAUDERDALE FL 33306-1446

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

65-0924712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, TYLER A

2651 NORTH FEDERAL HIGHWAY, SUITE 200  
FT. LAUDERDALE FL 33306

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM OHMEN, HEINZ B DR ☐ Delete  
STREET ADDRESS 3600 GALT OCEAN DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE NAME MGRM SCHMIDTKE, UWE ☒ Delete  
STREET ADDRESS 3600 GALT OCEAN DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE NAME MGRM GOLD, TYLER A ☐ Delete  
STREET ADDRESS 2651 NORTH FEDERAL HIGHWAY, SUITE 200  
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME MGRM Karl Matuschka ☐ Change ☒ Addition  
STREET ADDRESS c/o Heinz Ohmen  
CITY-ST-ZIP 3600 Galt Ocean Dr. #11-A  
Ft. Lauderdale, FL 33308

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003161654--9  
CITY-ST-ZIP -03/08/00--01018--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Signature of Tyler A. Gold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

954-  
1-5-2000 565-5577

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 24 AM 9:40



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)