

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002371

1. Entity Name

CHANNEL 1 NOW, LLC

Principal Place of Business

50 W. LIBERTY STREET. STE 650
RENO NV 89501

Mailing Address

50 W. LIBERTY STREET. STE 650
RENO NV 89501

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STAPLES III, JOHNSTON R
3600 COMMERCE BLVD
KISSIMMEE FL 34741

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BAKER, RICHARD W
STREET ADDRESS 2535 SUCCESS DRIVE
CITY-ST-ZIP ODESSA FL

TITLE MGR ☐ Delete
NAME SPEER, ROY M
STREET ADDRESS 2535 SUCCESS DRIVE
CITY-ST-ZIP ODESSA FL

TITLE MGR ☐ Delete
NAME STAPLES III, JOHNSTON R
STREET ADDRESS 2535 SUCCESS DRIVE
CITY-ST-ZIP ODESSA FL

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 ☐ 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

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:

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

Date

Daytime Phone #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90031 011 ****50.00

9 3 3 4 9 0



DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0507816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (9/01)