

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002371

Entity Name  
CHANNEL 1 NOW, LLC



FILED

03 MAR 25 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

50 W. LIBERTY STREET, STE 650  
RENO NV 89501

Mailing Address

50 W. LIBERTY STREET, STE 650  
RENO NV 89501

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 88-0507816

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

STAPLES III, JOHNSTON R  
3600 COMMERCE BLVD  
KISSIMMEE FL 34741

Name Richard W. BAKER

Street Address (Do Not Abbreviate) 2535 Success Drive

City Odessa

FL

Zip 33556

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R.W. Baker

MOR

3/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEES \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE MGR  
NAME CELIA H. BACHMAN  
STREET ADDRESS 3600 Commerce Blvd  
CITY-ST-ZIP Kissimmee, FL 34741 ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400014679494  
03/25/03--01043--014 \*\*25.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400014679494  
03/25/03--01043--013 \*\*25.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 60B, Florida Statutes.

SIGNATURE

CECILIA H. BACHMAN

3/24/03

Date

Daytime Phone #

CR2E083 (10/02)