

NO3000007463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

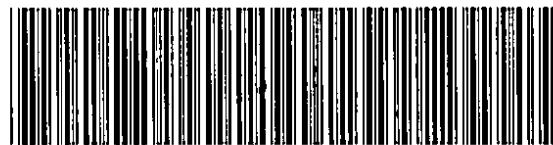
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/17 10:26 AM \$95.00

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18 JUL -9 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 10 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2018

SABRENA NORRIS
PROGRAMMING SERVICE FOR PUBLIC TELEVISION
1300 N BOULEVARD
TAMPA, FL 33607

SUBJECT: THE PROGRAMMING SERVICE FOR PUBLIC TELEVISION, INC.
Ref. Number: N03000007463

We have received your document for THE PROGRAMMING SERVICE FOR PUBLIC TELEVISION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MICHAEL M SEYMOUR IS NOT LISTED AS CURRENT REGISTERED AGENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 618A00012659

CORRECTED FORM ATTACHED.
6/29/18

RECEIVED
18 JUL -9 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROGRAMMING SERVICE FOR PUBLIC TELEVISION, INC.
Name of Corporation

DOCUMENT NUMBER: NØ366666 7463

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SABRENA NORRIS
Name of Contact Person

PROGRAMMING SERVICE FOR PUBLIC TELEVISION
Firm/Company

1300 N. BOULEVARD
Address

TAMPA, FL 33607
City/State and Zip Code

S.NORRIS@WEDU.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BABETTE DAVIDSON at (770) 351-6089
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROGRAMMING SERVICE FOR PUBLIC TELEVISION, INC
2. The principal office address: 1300 N. BOULEVARD
TAMPA, FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/28/03 Document number: NE/3474/17/7463
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
MICHAEL M. SELIMOUR, RETIRED
GRAY ROBINSON
301 E. PINE STREET
TAMPA, FL 32802

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BABETTE A. DANICKSON
1300 N BOULEVARD
TAMPA, FL 33607

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

BABETTE A. DANICKSON / PRESIDENT
+ CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/11/15
Date

If signing on behalf of an entity:

BABETTE A. DANICKSON
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL -9 AM 9:18

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