

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003395

1. Entity Name

PINELLAS COMMUNITY TELEVISION, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90127 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

504 POINSETTA ROAD  
BELLEAIR FL 33756

504 POINSETTA ROAD  
BELLEAIR FL 33756-1029

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

59-3523349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MUDANO, CONNIE C  
504 POINSETTA ROAD  
BELLEAIR FL 33756

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:**  
**SEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MUDANO, CONNIE C  
STREET ADDRESS 504 POINSETTA ROAD  
CITY-ST-ZIP BELLEAIR FL 33756

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

TITLE SD ☐ Delete  
NAME DOWNEY, LIBBY  
STREET ADDRESS 1964 ALLARD DRIVE  
CITY-ST-ZIP CLEARWATER FL 33763

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

TITLE D ☐ Delete  
NAME JOCHUM, JANICE  
STREET ADDRESS 14125 YACHT CLUB BLVD.  
CITY-ST-ZIP SEMINOLE FL 33776

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

TITLE VPD ☐ Delete  
NAME BACH, ERNEST W  
STREET ADDRESS 700 STARKEY ROAD #365  
CITY-ST-ZIP LARGO FL 33771

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

TITLE D ☐ Delete  
NAME LEAVY, PAMELA  
STREET ADDRESS 121 20TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33704

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

TITLE D ☐ Delete  
NAME NARRON, SANDRA  
STREET ADDRESS 11534 LOWE ROAD  
CITY-ST-ZIP LARGO FL 33774

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie C. Mudano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/11/00 727-581-2879  
Date Daytime Phone #

CR2E037 (9/99)