

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003395**

1. Entity Name

PINELLAS COMMUNITY TELEVISION, INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90211 016 ****61.25

Principal Place of Business

**504 POINSETTA ROAD
BELLEAIR FL 33756**

Mailing Address

**504 POINSETTA ROAD
BELLEAIR FL 33756****818186**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

33756
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 661
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Largo FL

4. FEI Number

59-3523349

Applied For

Not Applicable

Zip

Country

Zip

Country

33756 FL 33779-0661 USA5. 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

**MUDANO, CONNIE C
504 POINSETTA ROAD
BELLEAIR FL 33756**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD MUDANO, CONNIE C 504 POINSETTA ROAD BELLEAIR FL 33756 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bach, Ernest W. PD 700 Starkey Rd. # 365 Largo FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DOWNEY, LIBBY 1964 ALLARD DRIVE CLEARWATER FL 33763 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mudano, Connie C. VPD 504 Poinsetta Rd. Belleair FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOCHUM, JANICE 14125 YACHT CLUB BLVD. SEMINOLE FL 33776 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Downey, Libby SD 1964 Allard Dr. Clearwater FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BACH, ERNEST W 700 STARKEY ROAD #365 LARGO FL 33771 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jochum, Janice TD 14125 Yacht Club Blvd. Seminole FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEAVY, PAMELA 121 20TH AVE. NORTH ST. PETERSBURG FL 33704 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael Preusch D 5351 Reef Dr. New Port Richey FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NARRON, SANDRA 11534 LOWE ROAD LARGO FL 33774 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Fiorenza, Steven D 10460 Roosevelt Blvd. Apt. 269 St. Petersburg FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

Janice Jochum **Janice Jochum Treas.** **3-12-01** **727-595-2766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)