

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90229 046 \*\*\*\*61.25

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**DOCUMENT # N98000003395**

1. Entity Name

**PINELLAS COMMUNITY TELEVISION, INC.**

Principal Place of Business

**504 POINSETTA ROAD  
 BELLEAIR FL 33756**

Mailing Address

**PO BOX 661  
 LARGO FL 33779-0661  
 US**

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

**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	VD MUDANO, CONNIE C 504 POINSETTA ROAD BELLEAIR FL 33756	<input type="checkbox"/> Delete
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	TD JOCHUM, JANICE 14125 YACHT CLUB BLVD. SEMINOLE FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACH, ERNEST W 700 STARKEY ROAD #365 LARGO FL 33771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREUSCH, MICHAEL 5351 REEF DR NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARRON, SANDRA 11534 LOWE ROAD LARGO FL 33774	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIGGIN, MARY F. 3339 BRIARWOOD CIRCLE SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASHWORTH, JAY R. 4331 63RD WAY N. ST PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAIN, William L. 13246 MADISON AVENUE LARGO, FL 33773	<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:** *Libby Downey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/21/2002*  
 Date

*727  
 394-6457*  
 Daytime Phone #

CR2E037 (9/01)