

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003395

FILED  
Sep 10, 2003  
Secretary of State

Entity Name: PINELLAS COMMUNITY TELEVISION, INC.

## Current Principal Place of Business:

504 POINSETTA ROAD  
BELLEAIR, FL 33756

## New Principal Place of Business:

320 ISLAND WAY  
520  
CLEARWATER, FL 33767

## Current Mailing Address:

PO BOX 661  
LARGO, FL 337790661 US

## New Mailing Address:

FEI Number: 59-3523349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MUDANO, CONNIE C  
320 ISLAND WAY  
520  
CLEARWATER, FL 33767 US

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: \_\_\_\_\_

09/10/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MUDANO, CONNIE C  
Address: 504 POINSETTA ROAD  
City-St-Zip: BELLEAIR, FL 33756

Title: TD ( ) Delete  
Name: DOWNEY, LIBBY  
Address: 1964 ALLARD DRIVE  
City-St-Zip: CLEARWATER, FL 33763

Title: PD ( ) Delete  
Name: JOCHUM, JANICE  
Address: 14125 YACHT CLUB BLVD.  
City-St-Zip: SEMINOLE, FL 33776

Title: VD ( ) Delete  
Name: RIGGIN, MARY F  
Address: 3339 BRIARWOOD CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD ( ) Delete  
Name: ASHWORTH, JAY R  
Address: 4331 63RD WAY N  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D (X) Delete  
Name: MCLAIN, WILLIAM L  
Address: 13246 MADISON AVE  
City-St-Zip: LARGO, FL 33773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY RIGGIN

VP

09/10/2003

Electronic Signature of Signing Officer or Director

Date