2000 UNIFORM BUSINESS REPORT (UBR)

5/ DOCUMENT # N9900007387 Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** ASSOCIATION TELEVISION FRANCAISE INC. 05-05-2000 90084 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 2209 S. LAKE DRIVE 2209 S. LAKE DRIVE **DANIA FL 33312** DANIA FL 33312 2. Principal Place of Business 3. Mailing Address 5547 Dublin Drive 5547 Dublin Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -2014/2 65-1983 Not Applicable Fort Lauderdale Fort Lauderdale \$8.75, Additional Zip Country Country 5. Certificate of Status Desired' -Fee Required 33312 Flörida 33312 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 17 7 Table 1 CHABOT, ANDRE L 3030 West Hallandale 810 CYPRESS LANE HALLANDALE FL 33009 Zip Code Hallandale 33009 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 Rolland Lapierre ered egent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ■ Addition TITLE ☐ Delete TITLE PRESIDENT NAME Vital Guay STREET ADDRESS STREET ADDRESS 2209 South Lake Drive Ft Lauderda CITY-ST-ZIP CITY-ST-7IP VICE PRESIDENT ☐ Change ☐ Delete TITLE TITLE Gilles Sarrazin NAME STREET ADDRESS STREET ADDRESS 2 Spruce St. CITY-ST-7IP CITY-ST-ZIP Hollywood, Fl. 33023 ☐ Change TITLE Delete SECRETARY TREASIRER NAME NAME Rolland Lappierre STREET ADDRESS STREET ADDRESS 3030 West\_Hallandale CITY-ST-ZiP CITY-ST-ZIP Hallandale, F1 33009 Addition ☐ Change TITLE ☐ Delete TITLE DIRECTOR NAME Janine Roy STREET ADDRESS STREET ADDRESS 317 N.W. 48th Court CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, Fl 33064 \_\_\_ Addition Change TITLE □ Delete TITLE DIRECTOR NAME NAME Jacques Baril STREET ADDRESS STREET ADDRESS 900 S.W. 20th Terrace apt. 5-8 CITY-ST-ZIP CITY-ST-ZIP Hallandale, Fl 33009 ☐ Addition Change ☐ Delete TITLE TILE NAME NAME

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 empower

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

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