

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90844 022 \*\*\*\*61.25

**DOCUMENT # N99000007387**

1. Entity Name

**ASSOCIATION TELEVISION FRANCAISE INC.**



Principal Place of Business  
**5547 DUBLIN DRIVE  
FORT LAUDERDALE FL 33312**

Mailing Address  
**5547 DUBLIN DRIVE  
FORT LAUDERDALE FL 33312**

**30001628**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2209 SO. LAKE DR.**

3. Mailing Address

**2209 SO. LAKE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DANIA BEACH FL.**

City & State

**DANIA BEACH**

Zip

**33312**

Country

**U.S.**

Zip

**33312**

Country

**U.S.**

4. FEI Number **65-0983184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAPIERRE, ROLLAND  
3030 WEST HALLANDALE  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GUAY, VITAL</b>	
STREET ADDRESS	<b>2209 S LAKE DRIVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SARRAZIN, GILLES</b>	
STREET ADDRESS	<b>2 SPRUCE STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>LAPIERRE, ROLLAND</b>	
STREET ADDRESS	<b>3030 W HALLANDALE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROY, JANICE</b>	
STREET ADDRESS	<b>317 NW 48TH COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARIL, JACQUES</b>	
STREET ADDRESS	<b>900 SW 20TH TERRACE APT 5-8</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2. 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:

**SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER GUAY**

CR2E037 (10/02)