

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90123 001 ***158.75

DOCUMENT # P00000090745

1. Entity Name
VIEWER'S CHOICE T.V., INC.

Principal Place of Business
5728 MAJOR BOULEVARD #309
ORLANDO FL 32819

Mailing Address
5728 MAJOR BOULEVARD #309
ORLANDO FL 32819

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
209 TOWN CENTER BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State DAVENPORT, FL		4. FEI Number 59-3678198	Applied For <input type="checkbox"/> Not Applicable
Zip 33896	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARLING, HEIDI J
5728 MAJOR BLVD., STE 309
ORLANDO FL 32813

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
209 TOWN CENTER BLVD
 City **DAVENPORT FL** Zip Code **33896**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARLING, HEIDI J		NAME		
STREET ADDRESS	5728 MAJOR BOULEVARD #309		STREET ADDRESS	209 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	DAVENPORT, FL 33896	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, JAMES S		NAME		
STREET ADDRESS	5728 MAJOR BOULEVARD #309		STREET ADDRESS	209 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	DAVENPORT, FL 33896	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/24/02 **863-424-5536**
 Date Daytime Phone #

CR2E034 (9/01)