

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91154 007 ***150.00

DOCUMENT # P00000117453

1. Entity Name
JAXBROADCAST, INC.

Principal Place of Business
3536 UNIVERSITY BLVD. N. #262
JACKSONVILLE FL 32277

Mailing Address
3536 UNIVERSITY BLVD. N. #262
JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3689788

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAIRSTON, JOANNE
3536 UNIVERSITY BLVD. N. #262
JACKSONVILLE FL 32277

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

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 PRESIDENT	<input type="checkbox"/> Delete
NAME JOANNE HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME DAVID HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME JOANNE HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME JOANNE HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOANNE HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVID HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOANNE HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOANNE HAIRSTON	
STREET ADDRESS 3536 UNIVERSITY BLVD N. #262	
CITY-ST-ZIP JACKSONVILLE FL 32277	
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	

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:

JOANNE HAIRSTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)