

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90721 009 ***150.00

0332902 AV

DOCUMENT # P01000000462
 1. Entity Name
AIR TIME ENTERPRISES, INC.

Principal Place of Business Mailing Address
11060 CAMERON CT., #206 **11060 CAMERON CT., #206**
DAVIE FL 33324 **DAVIE FL 33324**



2. Principal Place of Business 3. Mailing Address
12220 NW 30th St **12220 NW 30th St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Sunrise FL **Sunrise FL**
 Zip Country Zip Country
33323 USA **33323 USA**

4. FEI Number Applied For
65-1083119 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HELLMAN, JOHN J
11060 CAMERON CT., #206
DAVIE FL 33324

7. Name and Address of New Registered Agent
 Name **John J Hellman**
 Street Address (P.O. Box Number is Not Acceptable)
12220 NW 30th St
 City **Sunrise** **FL** Zip Code **33323**

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: DATE: **4-03-02**
Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HELLMAN, JOHN J	
STREET ADDRESS	11060 CAMERON CT., #206	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLMAN, AMY S	
STREET ADDRESS	11060 CAMERON CT., #206	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hellman, John J.	
STREET ADDRESS	12220 NW 30th St.	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hellman, Amy S.	
STREET ADDRESS	12220 NW 30th St.	
CITY-ST-ZIP	Sunrise, FL 33323	
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
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: **John J Hellman** DATE: **4-03-02** DAYTIME PHONE #: **(954) 572-2667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)