## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P01000029965 DOCUMENT #

1. Entity Name

SAM'S AS SEEN ON TV, INC.



## Mar 03, 2003 8:00 am § Secretary of State **FILED**

03-03-2003 90496 030 \*\*\*150.00

			N. W.	/			
Principal Place of Business		Mailing Address					
511 TEAKWOOD DR. ALTAMONTE SPRINGS FL 32714		511 TEAKWOOD DR. ALTAMONTE SPRINGS FL 32714					
ALIAMONIE SPRINGS	) FC 32/14	ALIAMONTE STRINGS FL 3	12/14	# 100 F100 111 00 101 170 11 00 10	AL ANTON MENUN MUNUM HISNE NUNG KULU		
2. Principal Place of Business		3. Mailing Address			'S MORES ORICE ROSEO CENTO INCITO COLI	A BILDI BILI IBRI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>				
Culto, Apr. W, Clo.		outo, ript. n, cto.		☐ CHECK HE	RE IF MAKING CHANGES	S	
City & State		City & State		4. FEI Number 59-3705895 Applied For			
7:-		7:-		Not Ap		lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed   \$8.75 Action   Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of Ne	7. Name and Address of New Registered Agent		
			Name				
LEVIN, SAMUEL			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
511 TEAKWOOD DR.			<u> </u>				
ALTAMONTE SPI	RINGS FL 32714						
			City	FL Zip Code			
		ne purpose of changing its re	egistered office or	istered agent, or both, in the State of	Florida. I am familiar with	, and accept	
the obligations of r	registered agent.						
SIGNATURE	, typed or printed name of registered agent and	title if applicable (AICTE: F	Registered Agent signatur	avirant when reinstallant	DATE	<del></del>	
		title if applicable. (NOTE: F	registered Agent signatul	quired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May, 1, 2003 Fee will be \$550.00				9. Election Campaign	Financing \$5.0	00 May Be	
	, 2003 Fee will be \$550.00 ble to Florida Department of S	tate		Trust Fund Contribu	ution. $\square$ Adde	ed to Fees	
10. OFFICERS AND DIRECTORS		RECTORS	11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR	RS IN 11	
TITLE D		☐ Delete	TITLE		☐ Change	Addition	
	, SAMUEL		NAME				
	EAKWOOD.DR. MONTE SPRINGS FL 32714		STREET ADDRESS CITY-ST-ZIP				
TITLE	VIONTE OFNINGO FL 32/ 14		TITLE		. Change	☐ Addition	
NAME		☐ Delete	NAME		Change		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			<u> </u>	
TITLE		☐ Delete	TITLE	199	☐ Change	☐ Addition	

☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director te this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE:

NAME

TITLE

NAME

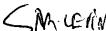
STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

☐ Delete



☐ Change

☐ Addition