

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/23

FILED
Jun 27, 2003 8:00 am
Secretary of State

05-23-2003 90151 040 ***150.00

DOCUMENT # **P01000049408**

1. Entity Name
HOME IMPROVEMENT CHANNEL NETWORK CORPORATION

Home Improvement Channel Antiques, Inc.
Principal Place of Business
101 WYMORE ROAD
SUITE 538
ALTAMONTE SPRINGS FL 32714

Mailing Address
101 WYMORE ROAD
SUITE 538
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
1000 Universal Studios Plaza

3. Mailing Address

Suite, Apt. #, etc.
Bldg 22-A

Suite, Apt. #, etc.

City & State

City & State

Orlando

FL

Zip
32819

Country

Orange

Zip

Country

(Same)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

GERRITY, MICHAEL J

101 WYMORE ROAD

SUITE 538

ALTAMONTE SPRINGS FL 32714

Name

Michael Gerrity

Street Address (P.O. Box Number is Not Acceptable)

1000 Universal Studios Plaza

Bldg 22-A

City

Orlando

FL

Zip Code

32819

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
MICHAEL, GERRITY J
101 WYMORE RD STE 538
ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
DPTS
Michael Gerrity
1000 Universal Studios Plaza, PMB 22-A
Orlando, FL 32819

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 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 OR DIRECTOR

Michael Gerrity

6/27/03

Date

Daytime Phone #

CR2E034 (10/02)

55-0829719

