

02-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 28 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000079841**
1. Entity Name **ZIPCODE TELEVISION INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1610 Lenox Ave
Suite, Apt. #, etc. **506**

3. Mailing Address
1610 LENOX
Suite, Apt. #, etc. **506**

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH
Zip **33139** Country **USA**

City & State
MIAMI BEACH
Zip **33139** Country **USA**

4. FEI Number
61-142-8725

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **ANDREA SILVERTHORNE**
Street Address (P.O. Box Number is Not Acceptable) **1610 LENOX AVE 506**
City **MIAMI BEACH** FL Zip Code **33139**

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 **ANDREA K. SILVERTHORNE**
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

5-10-03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25

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

TITLE **PRESIDENT**
NAME **ANDREA SILVERTHORNE**
STREET ADDRESS **1610 LENOX AVE 506**
CITY - ST - ZIP **MIAMI BEACH FLORIDA 33139**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ANDREA K. SILVERTHORNE**
(Signature typed or printed name of signing officer or director) Date **5-10-03** Daytime Phone # **95-990-506**

CR2E034B (12/02)