

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P07235

1. Entity Name
MICKELSON MEDIA, INC.



FILED

03 SEP 10 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800023280218

09/23/03--01047--028 **\$550.00
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
C/O ADELPHIA COMMUNICATIONS CORP
1 N MAIN ST
COUDERSPORT PA 16915

Mailing Address
C/O ADELPHIA COMMUNICATIONS CORP
1 N MAIN ST
COUDERSPORT PA 16915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-0691786

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 DP ☒ Delete
NAME RIGAS, JOHN J
STREET ADDRESS 1 N MAIN ST
CITY-ST-ZIP COUDERSPORT PA 16915

TITLE President ☒ Change ☐ Addition
NAME Ron Cooper
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport, PA 16915

TITLE DVS ☒ Delete
NAME RIGAS, MICHAEL J
STREET ADDRESS 1 N MAIN ST
CITY-ST-ZIP COUDERSPORT PA 16915

TITLE AVP ☒ Change ☐ Addition
NAME Brad Sonnenberg
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport, PA 16915

TITLE DVT ☒ Delete
NAME RIGAS, TIMOTHY J
STREET ADDRESS 1 N MAIN ST
CITY-ST-ZIP COUDERSPORT PA 16915

TITLE V.P./Treasurer ☒ Change ☐ Addition
NAME Christine Morris
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport, PA 16915

TITLE DV ☒ Delete
NAME RIGAS, JAMES P
STREET ADDRESS 1 N MIN ST
CITY-ST-ZIP COUDERSPORT PA 16915

TITLE C.E.O. ☒ Change ☐ Addition
NAME William Schleyer
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport, PA 16915

TITLE VPAS ☒ Delete
NAME FISHER, RANDALL D
STREET ADDRESS 1 N MAIN ST
CITY-ST-ZIP COUDERSPORT PA 16915

TITLE VAS ☒ Change ☐ Addition
NAME Maria Arias
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport, PA 16915

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAT ☐ Change ☒ Addition
NAME Scott MacDonald
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport, PA 16915

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

9/4/03

303-268-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)