

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90080 026 ***150.00

DOCUMENT # P07330

1. Entity Name

WFTV, INC.

Principal Place of Business

**490 EAST SOUTH ST
 ORLANDO FL 32801
 US**

Mailing Address

**1400 LAKE HEARN DR
 ATLANTA GA 30319
 US**

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

58-1633719

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JAY R	
STREET ADDRESS	1400 LAKE HEARN DRIVE	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERDEK, ANDREW A	
STREET ADDRESS	1400 LAKE HEARN DRIVE	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, CHARLES B	
STREET ADDRESS	1400 LAKE HEARN DRIVE	
CITY-ST-ZIP	ATLANTA GA 30319	
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		

TITLE	P/D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW S. FISHER	
STREET ADDRESS	1400 LAKE HEARN DR	
CITY-ST-ZIP	ATLANTA, GA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN G. BOYETTE	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON B. BARNETT	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA, GA 30319	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01

404-843-5000

CR2E034 (10/00)