

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90292 005 \*\*\*150.00

**DOCUMENT # P15161**

1. Entity Name

**FREEDOM COMMUNICATIONS, INC. (CALIFORNIA)**

Principal Place of Business

**17666 FITCH  
IRVINE CA 92614-6022**

Mailing Address

**17666 FITCH  
IRVINE CA 92614-6022**

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 **95-1140750**

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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	CD	<input type="checkbox"/> Delete
NAME	THRESHIE, R D	
STREET ADDRESS	4590 MACARTHUR BLVD. #500	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLGEMUTH, SAMUEL C	
STREET ADDRESS	17666 FITCH	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELL, ALAN J	
STREET ADDRESS	17666 FITCH	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEGAL, JONATHAN	
STREET ADDRESS	17666 FITCH	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KUYKENDALL, DAVID L	
STREET ADDRESS	17666 FITCH	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	WALLACE, RICHARD A.	
STREET ADDRESS	17666 FITCH	
CITY-ST-ZIP	IRVINE CA 92614	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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:** Samuel C. Wolgemuth, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

949-253-2300

Daytime Phone #

CR2E034 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

attachment

0571432

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
THRESHIE, R D  
4590 MACARTHUR BLVD. #500  
NEWPORT BEACH CA 92660 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WOLGEMUTH, SAMUEL C  
17666 FITCH  
IRVINE CA 92614 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BELL, ALAN J  
17666 FITCH  
IRVINE CA 92614 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SEGAL, JONATHAN  
17666 FITCH  
IRVINE CA 92614 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
KUYKENDALL, DAVID L  
17666 FITCH  
IRVINE CA 92614 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SDV  
WALLACE, RICHARD A.  
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TITLE  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

949-253-2300

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

Please return  
with copy.

file-stamped