

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19986

1. Entity Name

UNITED ADVERTISING NETWORK, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90077 018 ***150.00

Principal Place of Business

5619 DTC PARKWAY, 6TH FLOOR, TAX
 ENGLEWOOD CO 80111

Mailing Address

P O BOX 5630
 TAX DEPT
 DENVER CO 80217-5630
 US

2. Principal Place of Business

9197 SOUTH PEORIA STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

Zip

80112-5833

Country

US

Zip

Country

4. FEI Number

84-1086437

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

CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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.

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, 2000 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 PD ☒ Delete
 NAME HINDERY, LEO J JR
 STREET ADDRESS 5619 DTC PKWY
 CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE P/D E: ☐ Change ☒ Addition
 NAME DANIEL E. SOMERS
 STREET ADDRESS 9197 SOUTH PEORIA STREET
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE TVP ☒ Delete
 NAME SCHOTTERS, BERNARD W II
 STREET ADDRESS 5619 DTC PARKWAY
 CITY-ST-ZIP ENGLEWOOD CO

TITLE V/S/T/D ☐ Change ☒ Addition
 NAME MICHAEL P. HUSEBY
 STREET ADDRESS 9197 SOUTH PEORIA STREET
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE AVP ☐ Delete
 NAME GOOKIN, NOLAN
 STREET ADDRESS 5619 DTC PARKWAY
 CITY-ST-ZIP ENGLEWOOD CO

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9197 SOUTH PEORIA STREET
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE VSD ☒ Delete
 NAME BRETT, STEPHEN M
 STREET ADDRESS 5619 DTC PKWY
 CITY-ST-ZIP ENGLEWOOD CO 80111

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

Nolan D. Gookin

Assistant Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 720-875-5500

CR2E034 (9/99)