

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90463 042 ***150.00

DOCUMENT # P28414

1. Entity Name

AMERICAN TELECASTING OF CENTRAL FLORIDA, INC.

Principal Place of Business

5575 TECH CENTER DR
 300
 COLORADO SPRINGS CO 80919
 US

Mailing Address

5575 TECH CENTER DR..
 STE.. 300
 COLORADO SPRINGS CO 80919
 US

2. Principal Place of Business

6500 Sprint Parkway

3. Mailing Address

6500 Sprint Parkway

Suite, Apt. #, etc.

MS: HL-5ASTX

Suite, Apt. #, etc.

MS: HL-5ASTX

City & State

Overland Park, KS

City & State

Overland Park, KS

Zip

66251-5997

Country

USA

Zip

66251-5997

Country

USA

4. FEI Number

54-1540849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **SUTTON, TIMOTHY S**
 STREET ADDRESS **6612 WEST 132ND ST**
 CITY-ST-ZIP **SHAWNEE MISSION KS 66209**

TITLE **V** ☒ Delete
 NAME **SHELL, THEODORE H**
 STREET ADDRESS **1272 WEST 59TH ST**
 CITY-ST-ZIP **KANSAS CITY MO 64113**

TITLE **VT** ☐ Delete
 NAME **BETTS, GENE M**
 STREET ADDRESS **11701 BROOKWOOD**
 CITY-ST-ZIP **SHAWNEE MISSION KS 66211**

TITLE **S** ☐ Delete
 NAME **OZENBERGER, LAURA L**
 STREET ADDRESS **5704 NORTH WOODLAND POINTE**
 CITY-ST-ZIP **KANSAS CITY MO 64152**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2330 SHAWNEE MISSION PARKWAY**
 CITY-ST-ZIP **WESTWOOD, KS 66205**

TITLE ☐ Change ☒ Addition
 NAME **LIANE J. PELLETIER**
 STREET ADDRESS **2330 SHAWNEE MISSION PARKWAY**
 CITY-ST-ZIP **WESTWOOD, KS 66205**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2330 SHAWNEE MISSION PARKWAY**
 CITY-ST-ZIP **WESTWOOD, KS 66205**

TITLE ☒ Change ☐ Addition
 NAME **SYD OZENBERGER, LAURA L**
 STREET ADDRESS **2330 SHAWNEE MISSION PARKWAY**
 CITY-ST-ZIP **WESTWOOD, KS 66205**

TITLE ☐ Change ☒ Addition
 NAME **AVP MARK V. BESHEARS**
 STREET ADDRESS **6500 SPRINT PARKWAY**
 CITY-ST-ZIP **OVERLAND PARK, KS 66251-5997**

TITLE ☐ Change ☒ Addition
 NAME **D MICHAEL T. HYDE**
 STREET ADDRESS **2330 SHAWNEE MISSION PARKWAY**
 CITY-ST-ZIP **WESTWOOD, KS 66205**

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: **Mark V. Beshears**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark V. Beshears

Date

3/7/01

Daytime Phone #

CR2E034 (10/00)