

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90133 020 ***150.00

DOCUMENT # **P93000067818**

1. Entity Name

AMERICAN ASSOCIATION OF TV ARTISTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6822 - 22ND AVE N

3. Mailing Address

6822 - 22ND AVE N

Suite, Apt. #, etc.

SUITE 214

Suite, Apt. #, etc.

SUITE 214

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33710

Country

Zip

33710

Country

4. FEI Number

59-3247973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DENNIS R. KAPP

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

6822 22ND AVE N

SUITE 214

City

ST. PETERSBURG FL

Zip Code

33710

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	KAPP, DENNIS 6822 - 22ND AVE N. STE 214 ST. PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HANTAMAKI, ROBERT 4414 LAWTON DETROIT, MI 48208	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)