2000 UNIFORM BUSINESS REPORT (UBR)

CHANNEL 66 OF TAMPA, INC.    FILE U ON MAR - 7 AM II: 26	OCU . Entity Nam	MENI# <b>794000</b>	J1155U					_	_			
Malling Address  Malling Address  Ago N. MSHET DR.  SMIRE 200  TAMP AT L 29802  Principal Place of Business  Sulfa, Agt 4, esc.  Sulfa, Agt 4, esc	CHANNEL 66 OF TAMPA, INC.						FILED					
Malling Address  Malling Address  Ago N. MSHET DR.  SMIRE 200  TAMP AT L 29802  Principal Place of Business  Sulfa, Agt 4, esc.  Sulfa, Agt 4, esc							กก	MAR -7	AM II:	26		
Principal Place of Businese  3. Making Address  Suite, Agr. 6, etc.  City & State  Cit	Principal Place of Business Mailing Address								uE STJ	ATE		
Principal Place of Businese  3. Making Address  Suite, Agr. 6, etc.  City & State  Cit							SECNETARTO FLORIDA					
Suite, Apt. 4, etc.  Cey & State  City & State  City & State  City & State  City & State  Applied for More Applied for September 59-3227857  Applied for Not Applied for September 59-3227857  Not Applied for September 59-3227857  Applied for Not Applied for September 59-3227857  Applied for September 59-3227857  Not Applied for Septemb				?			1A	LLAIMOUL	,			
Suite, Apt. 4, etc.  Cey & State  City & State  City & State  City & State  City & State  Applied for More Applied for September 59-3227857  Applied for Not Applied for September 59-3227857  Not Applied for September 59-3227857  Applied for Not Applied for September 59-3227857  Applied for September 59-3227857  Not Applied for Septemb												
City & State  Country  A. FEI Number 59-3227857  Applied for New Applicable  Set 75 Additional Resistance  Set 75 Additional Resistance  Resistance  Resistance  Boundary  To BROKKEL AVENUE  SUITE 3000  MAMA FL 33131  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  City  FL Zip Code  City  City  City  City  City  City  City  City	Principal Place of Business 3. Mailing Address											
Zp Country Zip Country 5, Cartificate of Status Desired S8.75 Additional enter the Required S8.75 Additional	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
2/p   Country   Z/p   Country   S. Certificate of Status Desired   S8.75 Additional Face Required Agent   Face	City & Stat	te	City & State			<b>4</b> . F	38 3621031					
Name Street Address (PO. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia.  City FL Zip Code  City City FL Zip C	Zip	Country	Zip	Zip Country			Certificate of	Status Desired		<b>\$8.75</b> Add	litional	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131  City FL Zip Code  City FL Zip Cod		6. Name and Address of Current	Registered Agent			7. N	lame and A	ddress of New	Registere	d Agent		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    City   FL   Zip Code	INTRACTATE DECICTEDED ACENT CORROBATION					Name						
### City   FL   Zip Code    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.    City   FL   Zip Code	701 BRICKELL AVENUE SUITE 3000				Street Address (P.O. Box Number is Not Acceptable)							
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    City												
ISNATURE    Signature, yood or priced name of registered agant and tool it applicable.   (NOTE Registered Agant somewas modified when reinstating)					City				F	L Zip Code	•	
ISNATURE    Signature, yood or priced name of registered agant and tool it applicable.   (NOTE Registered Agant somewas modified when reinstating)	. The above	e named entity submits this statement f	or the purpose of changing i	its register	Led office or regis	stered age	ent, or both,	in the State of F	lorida.			
Signature, typoid or private in amen of implaced layers and to it is epicible.  A This corporation is eligible to satisfy its Intangible. Atter MAY 1, 2000 Fee will be \$55.0.0 (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement of State  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The strilling requirement and elects to do so. (See criteria on back)  The string requirement and elects to do so. (See criteria on back)  The string requirement and elects to do so. (See criteria on back)  The string requirement and elects to do so. (See criteria on back)  The string requirement and elects to do so. (See criteria on back)  The string requirement and elects to do so. (See criteria on back)  The string requirement and elects to do so. (See criteria on back)  The string requirement and elects to do so. (See criteria deleted see in made under cash) that is a single does not qualify for the semple requirement and interest and induction of the semple requirement and interest and induction.  The string requirement and elects to do so. (See criteria on back)  The string requirement and elects to describe and elects of the semple requirement and the string requireme		· · · · · · · · · · · · · · · · · · ·		Ū	•	-						
This corporation is eligible to satisfy its inlangible Tax filing requirement and elects to do so.  (See criteria on back)    Cofficers and Directors   12.   Addition State	IGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	DTE: Registere	d Agent signature regi	uired when re	instating)	<del> </del>	DATE			
Tax filing requirement and elects to do so.   After MAY 1, 2000 Fee will be \$550.00   Wake Check Payable to Department of State   Trust Fund Contribution   Added to Fees Added to Fees Added to Fees Added to Fees   Added to Fees Added to Fees   Added to Fees Added to Fees   Added to Fees Added to Fees   Added to Fees Added to Fees   Added to Fees Added to Fees   Ad	This care			VIII EEE	IS \$150.00							
1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PASSON, ROSLYCK 231 BRADLEY PLACE, SUITE 204 TITY-ST-ZIP PASSON, DEVON 241 BRADLEY PLACE, SU	Tax filing requirement and elects to do so After MAY 1, 2000 F			2000 Fee	will be \$550.0				_			
PO PAXSON, ROSLYCK  MAKE  MAKE  PAXSON, ROSLYCK  AME  PAXSON, ROSLYCK  PALM BEACH FL 33480  CITY-51-2IP  TILE  MAKE  PAXSON, DEVON  TILE  MAKE  MAKE  MAKE  STREET ADDRESS  CITY-51-2IP  TILE  MAKE  M					epartment of		DITIONALO	LANGES TO SE	TICEDO M	NO DIDECTOR	CINI 11	
AME PAXSON, ROSLYCK 231 BRADLEY PLACE, SUITE 204 PALM BEACH FL 33480  TITLE MARE TREET ADDRESS TITY-ST-2IP  THE TREET ADDRES				_	F	AD	DITIONS/CI	HANGES TO UP	FICERS AI			
TITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP ****1SSD_OD *****1SSD_OD *****1SSD_OD *****1SSD_OD *****1SSD_OD *****1SSD_OD ******1SSD_OD *****1SSD_OD ******1SSD_OD *****1SSD_OD *****1SSD_OD *****1SSD_OD ******1SSD_OD *****1SSD_OD ****1SSD_OD *****1SSD_OD *****1SSD_OD ***	AME						90					
TILE AME AME AME AME AME AME AME AME AME AM					Į.							
PAXSON, DEVON 231 BRADLEY PLACE, SUITE 204 PALM BEACH FL 33480    Delete		1	☐ Delete	_				<u> </u>	iau.uu			
TITLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS TRY-ST-ZIP TITLE AME TREET ADDRESS TRY-ST-ZIP TREE TREET ADDRESS TRY-ST-ZIP TRY-ST-Z										_ ,		
TILE  AME  AME  IREET ADDRESS  CITY-ST-ZIP  TILE  AME  AME  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  AME  AME  AME  AME  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  AME  AME  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TREET ADDRESS			04									
NAME IREET ADDRESS ITY-ST-ZIP  TILE AME IREET ADDRESS ITY-ST-ZIP IREET ADDRESS IT		PALM DEACTIFE 33400	☐ Delete							Change	Addition	
CITY-ST-ZIP  CHANGE  Addition  Addition  Addition  CHANGE  Addition  Addition  CHANGE  Addition  Addition  CHANGE  Addition  Addition  CHANGE  Addition  CHANGE  Addition  Add			□ Delete		_					_ ,	_	
TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TREET ADD	TREET ADDRESS											
NAME TREET ADDRESS TITY-ST-ZIP  TITLE AME TREET ADDRESS TITY-ST-ZIP  TITLE TREET ADDRESS TITY-ST-ZIP TREET ADDRESS TITY-ST-ZIP TITLE TREET ADDRESS TITY-ST-ZIP TITLE TREET ADDRESS TITY-ST-ZIP TITLE TREET ADDRESS TITY-ST-ZIP TITLE TREET ADDRESS TREET ADDRESS TITY-ST-ZIP TITLE TREET ADDRESS TREET ADDRESS TITY-ST-ZIP TREET ADDRESS TREET ADD										Change	CT Addition	
STREET ADDRESS ITY-ST-ZIP  TILE  AME TREET ADDRESS ITY-ST-ZIP  TILE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  O Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  NAME STREET ADDRESS CITY-ST-ZIP  T	ITLE OMF		☐ Delete	4						спапуе	☐ Addition	
TITLE  AME  TREET ADDRESS  ITY-ST-ZIP  TITLE  AME  TREET ADDRESS  CITY-ST-ZIP  TITLE  AME  AME  TREET ADDRESS  CITY-ST-ZIP  TITLE  AME  TREET ADDRESS  CITY-ST-ZIP  TO Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  STREET ADDRESS  CITY-ST-ZIP  TO Change  Addition  To STREET ADDRESS  CITY-ST-ZIP  To Change  Addition  To Street ADDRESS  CITY-ST-ZIP  To Change  Addition  Change  Addition  Addition												
AME TREET ADDRESS ITY-ST-ZIP  TILE  AME TREET ADDRESS ITY-ST-ZIP  TILE  AME TREET ADDRESS TREET ADDR	ITY-ST-ZIP			CITY	/-ST-ZIP							
TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  AME  TREET ADDRESS  ITY-ST-ZIP  TILE  AME  AME  STREET ADDRESS  ITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  ITY-ST-ZIP  STREET ADDRESS  ITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  To design 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 Lam an officer or director	ITLE		☐ Delete							Change	☐ Addition	
TITLE  AME  TREET ADDRESS  ITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  ITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  ITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Thereby 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				,	_							
AME  IREET ADDRESS  ITY-ST-ZIP  3. I hereby certify that the information supplied with this filling 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	TREET ADDRESS ITY-ST-ZIP											
TREET ADDRESS  ITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  3. 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	ITLE		☐ Delete	TITL	E	<del></del>	<del></del>			☐ Change	☐ Addition	
3. 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	AME									e6		
3. I hereby certify that the information supplied with this filling 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	TREET ADDRESS									٥.		
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an object of unector		N	AL ALIA CIDA A A		J	Costini	110.07(2)(3)	Elorida Statutar	1 further	cortify that the is	nformation	
changed, or on an attachment with an address, with all other like empowered.	indicated of the co	d on this report or supplemental report rporation or the receiver or trustee emp	is true and accurate and tha powered to execute this repo	it my signa ort as requ	iture shall have t	ihe same	legal effect a	as it made unde	r oain: inai	i am an onicer	or director	