

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90126 045 ***150.00

0566168 AV

DOCUMENT # P94000024668

1. Entity Name

FLORIDA SPORTS NETWORK OF VENICE, INC.



Principal Place of Business

**1608 MAPLE STREET
NOKOMIS FL 34275
US**

Mailing Address

**1608 MAPLE STREET
NOKOMIS FL 34275
US**

2. Principal Place of Business

525 E VENICE Ave

Suite, Apt. #, etc.

Ste E

3. Mailing Address

1608 MAPLE ST

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

NOKOMIS FL

Zip

34292

Country

SARASOTA

Zip

34275

Country

SARASOTA

6. Name and Address of Current Registered Agent

GERTSCH, FRED W

1608 MAPLE ST

NOKOMIS FL 34275

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ruth A Gertsch V-Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GERTSCH, FRED W	
STREET ADDRESS	1608 MAPLE ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERTSCH, RUTH A	
STREET ADDRESS	1608 MAPLE ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Ruth A Gertsch REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

941-485-7599

Daytime Phone #

CR2E034 (10/02)