2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036921

1. Entity Name

AMERICAN RURAL TELEVISION CORPORATION

FILED
00 JUL -3 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2203 PASADENA PL S ST. PETERSBURG FL 33707-3985 US	2203 PASADENA PL S ST. PETERSBURG FL 33707-3985 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3240927 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, BONNIE D
546 SANDY HOOK ROAD
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

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

700003272267--8
-07/19/00--01021--002
*****61.25 *****61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete O'CONNELL, M.P. 2203 PASADENA P1 S ST. PETERSBURG FL 33707-3985	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Change ☒ Addition D. Scott Herman 1321 EAST THIED LAJUNTA, CO 81050
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete O'CONNELL, BONNIE 2203 PASADENA P1 S ST. PETERSBURG FL 33707-3985	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete GRAHAM, CARL 225 COUNTRY CLUB DR. EAST, #352 LARGO FL 34641	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Delete MCFALL, FRED DR. 225 COUNTRY CLUB DR. EAST, #352 LARGO FL 34641	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete SEE TOM 100 PM 3159 NEW BRAUNFELS TX 78132-1604	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

KE

SIGNATURE: Bonnie D. O'Connell 6-21-2000 727-347-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #