

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036921

1. Entity Name

AMERICAN RURAL TELEVISION CORPORATION

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90352 028 \*\*\*150.00

00022223



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2203 PASADENA PL S ST. PETERSBURG FL 33707-3985 US	Mailing Address 2203 PASADENA PL S ST. PETERSBURG FL 33707-3985 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1321 E. 3rd St. Suite, Apt. #, etc. La Junta CO
City & State	City & State

Zip	Country	Zip	Country
81050	US	81050	US

4. FEI Number 59-3240927	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'CONNELL, BONNIE D 546 SANDY HOOK ROAD TREASURE ISLAND FL 33706
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2203 Pasadena Pl. S. City St. Petersburg FL Zip Code 33707
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, M.P. 2203 PASADENA P1 S ST. PETERSBURG FL 33707-3985 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, BONNIE 2203 PASADENA P1 S ST. PETERSBURG FL 33707-3985 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, CARL 225 COUNTRY CLUB DR. EAST, #352 LARGO FL 34641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERMAN, D. SCOTT 1321 EAST THIRD LAJUNTA CO 81050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEE, TOM 100 FM 3159 NEW BRAUNFELS TX 78132-1604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-02-01 7193845096  
Date Daytime Phone #

CR2E034 (10/00)