

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 009 ***150.00

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1. Entity Name
CEA BROADCAST PARTNERS (U.K.), INC.



Principal Place of Business
101 E. KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

Mailing Address
101 E. KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3260749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JUNG, MING G
101 E. KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME JUNG, MING
STREET ADDRESS 101 E. KENNEDY BLVD., STE. 3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPT
NAME GORDON, BRAD A
STREET ADDRESS 101 E. KENNEDY BLVD., STE. 3300
CITY-ST-ZIP TAMPA, FL

TITLE P
NAME MICHEALS, J. PATRICK JR
STREET ADDRESS 101 E. KENNEDY BLVD., STE. 3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE VS
NAME HORWITZ, ANGELA L
STREET ADDRESS 101 E KENNEDY BLVD STE 3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Angela L Horwitz* Angela L. Horwitz 4/26/04 (813) 226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #