# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P95000003771

**Entity Name:** CONTRACT PROGRAMMING SERVICES, INC.

**Current Principal Place of Business:**

1015 NW 42ND PLACE
CAPE CORAL, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

1015 NW 42ND PLACE
CAPE CORAL, FL 33993

**New Mailing Address:**

**FEI Number: 65-0576733** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVILES, DEANN
1015 NW 42ND PLACE
CAPE CORAL, FL 33993

**Name and Address of New Registered Agent:**

AVILES, DIANN
1015 NW 42ND PLACE
CAPE CORAL, FL 33993

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: DIANN AVILES 04/29/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete
Name: AVILES-RIVERA, ISMAEL
Address: 1203 SW 98TH TERR #202
City-St-Zip: CAPE CORAL, FL 33914

Title: S ( ) Delete
Name: AVILES, DIANN
Address: 1203 SW 98TH TERR #202
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition
Name: AVILES, ISMAEL
Address: 1015 NW 42ND PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: S (X) Change ( ) Addition
Name: AVILES, DIANN
Address: 1015 NW 42ND PLACE
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISMAEL AVILES PT 04/29/2002
Electronic Signature of Signing Officer or Director Date