## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P95000042140 DOCUMENT #

1. Entity Name SIGNAL TV & ELECTRONIC S	SERVICE, INC.	
Principal Place of Business 5208 66TH ST N STE B SAINT PETERSBURG FL 33709 US	Mailing Address 5208 66TH ST N STE B SAINT PETERSBURG FL 33709 US	1
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90221 017 \*\*\*150.00

		·				GOO WE TE					
Principal Place of Business 5208 66TH ST N STE B		Mailing Address 5208 66TH ST N STE B									
	rsburg fl 3370	9		T PETERSBURG FL 3	3709			· 1401471 116 1861 816 816 816 816 816 81	101 <b>48</b> 11 <b>616</b>		
US	5. (5.)		US								
2. Principal I	Place of Busine	SS	3. Ma	illing Address				U PROCESONE SAN ANENA DAFAU MINIE MINIEM IN		10 11061 11611 1	11811 6811 1891
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4.	4. FEI Number 59-3323110			pplied For	
Zip		Country	Zip		Coun	ntry	5.	Certificate of Status Desired		8.75 Add	
	6. Name a	nd Address of Current	Register	ed Agent	•		7.	Name and Address of New Regi	istered A	gent	
						Name					
MAYAK, E						Street Addre	ess (P.O. E	Box Number is Not Acceptable)			
2436 1/2	20TH AVE. N	•					`				<del></del>
ST. PETEI	RSBURG FL 3	3713									
						City			FL	Zip Cod	le
8. The above the obliga	e named entity ations of register	submits this statement for red agent.	or the purp	oose of changing its	register	ed office or regi	istered ag	ent, or both, in the State of Florid	a. I am fa	miliar with,	and accept
SIGNATURE		printed name of registered agent	and title it app	olicable (NOT)	E. Registere	d Agent signature rec	nuired when re	ainstating)	DATE		<del></del>
				T	_ regiatoro	a Agent aignatore ret	40.100 #1101171	T T T T T T T T T T T T T T T T T T T	DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State					Election Campaign Financ Trust Fund Contribution.	cing 口	<b>\$5.0</b> Added	0 May Be d to Fees
10.		OFFICERS AND	DIRECTO	DRS	11.		AD	I DDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR:	S IN 11
TITLE	D			☐ Delete	TITLE					☐ Change	☐ Addition
NAME	MAYAK, EDI	WARD			NAM	E				_ "	
STREET ADDRESS	4662 34TH /				STRE	ET ADDRESS					
CITY-ST-ZIP	ST. PETERS	BURG FL 33713			CITY	-ST-ZIP					
TITLE	D			☐ Delete	TITLE					Change	Addition
NAME	DOYLE, DAF				NAM	E					
STREET ADDRESS	8061 50TH					ET ADDRESS			~		
CITY-ST-ZIP	SI. PETERS	BURG FL 33709			CITY	-ST-ZIP					
TITLE	-			Delete	TITLE	46.5		e e e e e e e e e e e e e e e e e e e	I	Change	Addition
NAME					NAM						
STREET ADDRESS CITY-ST-ZIP	1					ET ADDRESS - ST- ZIP					
	<u> </u>					<u> </u>					
title Name				☐ Delete	TITLE				,	☐ Change	☐ Addition
STREET ADDRESS	1				NAM	ET ADDRESS					
CITY-ST-ZIP	1					-ST-ZIP					
TITLE				☐ Delete	TITLE				-	☐ Change	☐ Addition
NAME				□ Delete	NAME					change	
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITLE				-	☐ Change	Addition
NAME	}			C Delete	NAME				ŀ	coange	☐ vacurou
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
12 I berebu	cortifu that the i	oformation cumplied with	thin filing	doop not qualify for	the aver		· Cootion :	110 O7(2)(i) Florido Statutos I fue			

inereoy certify inarghe 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:

