

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95000072644

1. Entity Name
CHRISTIANSON BROADCASTING, INC.

Principal Place of Business
846 VIRGINIA WOODS LN
ORLANDO, FL 32824

Mailing Address

SAME

2. Principal Place of Business
846 VIRGINIA WOODS LN
Suite, Apt. #, etc.

3. Mailing Address
846 VIRGINIA WOODS LN,
Suite, Apt. #, etc.

— NO CHANGE FROM ABOVE —

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32824

Country
USA

Zip
32824

Country
USA

4. FEI Number
59-3335210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT S. HAYES
441 W. VINE STREET
KISSIMMEE, FL 34741


7. Name and Address of New Registered Agent

Name ~~NO CHANGE~~

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

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CARL F. CHRISTIANSON	
STREET ADDRESS	846 VIRGINIA WOODS LN	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	MARGARET CHRISTIANSON	
STREET ADDRESS	846 VIRGINIA WOODS LN	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	PAULA CHRISTIANSON	
STREET ADDRESS	846 VIRGINIA WOODS LN	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

407-438-1885
Daytime Phone #

CR2E034 (9/99)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90024 038 ***150.00

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DO NOT WRITE IN THIS SPACE