FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

Aug 21, 2001 8:00 am Secretary of State P95000073615 DOCUMENT # 1. Entity Name BINGO TV. INC. 08-21-2001 90017 001 ***550.00 08-21-2001 90017 002 *****8.75 Principal Place of Business Mailing Address 8972 QUIOCASIN RD. 8972 QUIOCASIN RD. SUITE 2000 SUITE 2000 RICHMOND VA 23229 RICHMOND VA 23229 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKS. HOWARD Street-Address.(P.O. Box Number is Not Acceptable) C/O GRAHAM, CLARK, PRATT, BUILDER AND MARKS 369 NEW YORK AVE **WINTER PARK FL 32789** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ■ Addition PCE0 ☐ Delete TITLE TITLE SCHRIEBERG, STEPHEN NAME NAME 2956 HATHAWAY RD STREET ADDRESS STREET ADDRESS RICHMOND VA 23225 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE STDC ☐ Delete TITLE schrieberg, Stephen NAME NAME STREET ADDRESS STREET ADDRESS 2956 HATHAWAY RD CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23225 TITLE ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 1-I or Block 12 if