

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024754

1. Entity Name

DBSTV, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90075 016 ***150.00

Principal Place of Business

Mailing Address

200 SOUTH HARBOR CITY BLVD.
PENTHOUSE
MELBOURNE FL 32901

200 SOUTH HARBOR CITY BLVD.
PENTHOUSE
MELBOURNE FL 32901-1384

2. Principal Place of Business

3. Mailing Address

325 Fifth Ave

325 Fifth Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

City & State

Indianapolis FL

Indianapolis FL

Zip

Country

Zip

Country

32903-4270

U.S.A

32903-4270

U.S.A

6. Name and Address of Current Registered Agent

4. FEI Number

59-3440669

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

SEYFORTH, MARK

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

325 Fifth Ave, Suite 204

City

Indianapolis

FL

Zip Code

32903-4270

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	D	<input type="checkbox"/> Delete
NAME	SEYFORTH, MARK A	
STREET ADDRESS	200 SOUTH HARBOR CITY BLVD. PENTHOUSE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURRAY, CHARLES	
STREET ADDRESS	115 N. FRANKLIN BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, ROSEMARY	
STREET ADDRESS	491 MONACO DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENO, FRANK T	
STREET ADDRESS	200 SO. HARBOR CITY BLVD., STE. 500	
CITY-ST-ZIP	MELBOURNE FL 32901	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	325 Fifth Ave, Suite 204
CITY-ST-ZIP	Indianapolis, FL 32903-4270
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	325 Fifth Ave, Suite 204
CITY-ST-ZIP	Indianapolis, FL 32903-4270
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	

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: FRANK T. RENO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2000

Date

321-956-0555

Daytime Phone #