

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051071

1. Entity Name

CITYCAST, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90208 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1680 FRUITVILLE ROAD, SUITE 102  
 SARASOTA FL 34236

PO BOX 2667  
 SARASOTA FL 34230-2667

2. Principal Place of Business

9525 86TH AVE. NORTH

3. Mailing Address

9525 86TH AVE. NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number

65-0769511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TEPPER, ARTHUR L ESQ  
 1680 FRUITVILLE ROAD, SUITE 102  
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

MAX BAKER

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

9525 86TH AVENUE NORTH

City

SEMINOLE

FL

Zip Code

34677

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

Max E. Baker

4/20/00

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 ☐ Delete  
 NAME FRANK, LEE  
 STREET ADDRESS 641 45TH ST  
 CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ Delete  
 NAME BAKER, MAX  
 STREET ADDRESS 9525-86TH AVENUE NORTH  
 CITY-ST-ZIP SEMINOLE FL 34677

TITLE D ☐ Delete  
 NAME BAUGHMAN, BRUCE  
 STREET ADDRESS PO BOX 2667 N/A  
 CITY-ST-ZIP SARASOTA FL 34230

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
 NAME FRANK, LEE  
 STREET ADDRESS 5830 E. PASAD DE LA PEREZA  
 CITY-ST-ZIP TULSON AZ 85750

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/25/00

Date

520-615-7720

Daytime Phone #

CR2E034 (9/99)