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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000100410**

CLIPPY/	HAREN CORP.				
00,.		i v			AN ANDAN BERKA BERKA BARRA KARAN KERAN ADAN ADAN
Principal Place of Business Mailing Address			1 (EB1) but the thirt looks main ontil ontil		
1594 STICKNEY SARASOTA FL	STICKNEY POINT ROAD SOTA FL 34231 incipal Place of Business Lite, Apt. #, etc. ty & State	1594 STICKNEY POINT ROAD SARASOTA FL 34231)	DO NOT WITH IN	THE SPACE
	•		-	DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
		·		11/25/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0800298	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24		Zip 3	Country 0	This corporation owes the current yes Personal Property Tax.	earIntangible XXIYes □No
	9. Name and Address of Curren			10. Name and Address of New Regist	tered Agent
CUID	, , , , , ,	· 多别称"对性" 多别的	81 Name		
	STICKNEY POINT RD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	ASOTA FL 34231	•	83	ক্ষমত কৰি তুলি বাং চুকু কাৰ্যক্ষ কৰা বিশ্বস্থা কৰিছে	51 시마인 H - 10 시마인 10 10 11 14명이 1515 15점인 양기용이 22시1 원임이 현대를 15위 출시인 (통원)
		•			
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpo	se of changing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was auti	horized by the corporation	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE				·	
	Signature, typed or printed name of registered ager		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICE	NTE DS AND DIRECTORS IN 12
TITLE	D OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CITAINGES TO CITTOET	Change Addition
NAME	HAREN, JAMES H		1.2 NAME	AT TOTAL TELEVISION	
STREET ADDRESS	8370 WINGATE DR. #724		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		1,4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	CUPPY, JUDITH V		2.2 NAME		
STREET ADDRESS	1594 STICKNEY POINT ROAD SARASOTA FL 34231	t were the same of	2.3 STREET ADDRESS		s = 70
CITY-ST-ZIP	SARAGOTA FEIGHZST	T DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME : 10 PM		_	3.2 NAME	•	
	SEARCH ROW R	•	3.3 STREET ADDRESS	5 (1) 17 5 850 850 55 475	1. (18.3 C A. 2 阿替達國(2 100 C ## 15 提前)
CITY-ST-ZIP	ASCAR 61 3496 (3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	[1] [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	Thange : Addition
NAME	+Q2 (14x2)	BOOK CANDON PARTY STATES	4, 2 NAME		
STREET ADDRESS	May 12		. 4.3 STREET ADDRESS	•	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME	,		5.2 NAME	1124 35	_ ,
STREET ADORESS			5.3 STREET ADDRESS	•	
) B		- 1		
CITY-ST-ZIP	The state of the s		5.4 CITY-ST-ZIP	23 T2 89 S4	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP