2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # **P98000008680** 1. Entity Name HOLLYWOOD ON AIR, INC. 03-14-2000 90085 035 ***150.00 Mailing Address Principal Place of Business 2212 EAST 4TH AVENUE 2212 EAST 4TH AVENUE TAMPA FL 33605-5410 TAMPA FL 33605 LUU3/416 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3487803 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRAKEFORD & DRAKEFORD, P.A. Street Address (P.O. Box Number is Not Acceptable) 2212 EAST 4TH AVENUE **TAMPA FL 33605** Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ De ete TITLE VELASCO-MILLS, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 2212 EAST 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 ☐ Addition ☐ Change Delete TITLE TITLE FIELDS, RONALD J NAME NAME 2212 EAST 4TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** ☐ Change ☐ Addition TITI F Delete --TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not cualify 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 **SIGNATURE** 3/9/00