

2000 UNIFORM BUSINESS REPORT (UBR)

06-30-2000 900041046 ***158.75
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P98000012432

1. Entity Name
 Broadway Reporting, Inc

00 AUG 17 AM 10:10

Principal Place of Business Mailing Address
 Post Office Box 163233 Post Office Box 163233
 Altamonte Spr, FL 32716 Altamonte Spr FL
 32716

00067005

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3477655 Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 MORRIS, Teir L.
 438 Raymond Ave. Drive
 Longwood FL 32750
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 T. Morris 06-01-2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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 \$650.00
 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PO	Teir L. MORRIS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		President		NAME			
STREET ADDRESS		POB 163233		STREET ADDRESS			
CITY-ST-ZIP		Altamonte Spr FL 32716		CITY-ST-ZIP			
TITLE	ST	Toni Murray	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		Sec. Treasurer		NAME			
STREET ADDRESS		POB 163233		STREET ADDRESS			
CITY-ST-ZIP		Altamonte Spr FL 32716		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: T. MURRAY T. MURRAY 06-01-2000 407 339 7300
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

AD

To whom this Concerns:

The attached correspondence is being
resubmitted for your consideration of
the \$400.00 late fee.

Thank you

Monday
Certified Mail

7000-0600-
0024-4030-
3669

June 1, 2000

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Broadway Reporting, Inc.
P-98000012432
Annual Reports Filing

Dear Sir/Madam:

Having not received the 2000 Profit Corporation Annual Report or 2000 Uniform Business Report, by US mail, communication was made to the Division via Internet. Still not receiving the form requested, a telephone call was initiated to the Division on May 15, 2000 verbally requesting the form.

At that time we were informed by an individual named Tammy, to notify in writing of the above two requests as the Internet system had a bug and we did not receive the form in time for the May 1, 2000 file date.

We are requesting at this time the additional filing fee amount of five hundred and fifty dollars (\$550.00) be waived, as we did not receive request via Internet before the filing deadline. Please advise in writing of the waiver decision.

Enclosed please find our check in the amount of \$158.75 (150.00 plus 8.75) (Certificate of Status).

Thank you for your consideration in this matter.

Sincerely, Teir L. Morris

Teir L. Morris

TLM/dm