

DOCUMENT # P98000058551

1. Entity Name
REAL ESTATE CHANNEL CORPORATION

Principal Place of Business Mailing Address
~~101 WYMORE RD., STE. 538~~ ~~101 WYMORE RD., STE. 538~~
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business 3. Mailing Address
151 Wymore Road 151 Wymore Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
575 ste # 575
City & State City & State
Altamonte Springs, Fl. Altamonte Springs, Fl.
Zip Country Zip Country
32714 US 32714 US

6. Name and Address of Current Registered Agent
GERRITY, MICHAEL J
101 WYMORE RD., STE. 538
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
151 Wymore Road, ste 575
City Altamonte Springs FL Zip Code 32714

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 _____ DATE 01/02/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRITY, MICHAEL J	NAME	151 Wymore Rd, ste 575
STREET ADDRESS	101 WYMORE RD., STE. 538	STREET ADDRESS	151 Wymore Rd, ste 575
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	151 Wymore Rd, ste 575
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, ROBERT	NAME	151 Wymore Rd, ste 575
STREET ADDRESS	101 WYMORE RD STE 538	STREET ADDRESS	151 Wymore Rd, ste 575
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	151 Wymore Rd, ste 575
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, TOM	NAME	
STREET ADDRESS	101 WYMORE RD STE 538	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	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: _____ DATE 01/02/01 (407) 722-2119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90085 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)