

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90279 013 \*\*\*150.00

0078086 AV

**DOCUMENT # P98000058551**

1. Entity Name  
**REAL ESTATE CHANNEL CORPORATION**



Principal Place of Business

**101 WYMORE RD.  
SUITE 538  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address

**101 WYMORE RD.  
SUITE 538  
ALTAMONTE SPRINGS FL 32714  
US**

11018788



2. Principal Place of Business

**1000 Universal Studios Plaza**

3. Mailing Address

**(Same)**

Suite, Apt. #, etc.

**Bldg 22-A**

Suite, Apt. #, etc.

**City & State**

City & State

**Orlando**

Zip

**32819**

Country

**Orange**

Zip

**(Same)**

Country

**(Same)**

4. FEI Number

**59-3527504**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GERRITY, MICHAEL J  
101 WYMORE ROAD  
SUITE 538  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

**1000 Universal Studios Plaza  
Bldg 22-A**

City

**Orlando**

**FL**

Zip Code

**32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**(Michael Gerrity) 4/28/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPTS** ☐ Delete  
NAME **GERRITY, MICHAEL J**  
STREET ADDRESS **101 WYMORE ROAD, SUITE 538**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1000 Universal Studios Plaza, Bldg 22-A**  
CITY-ST-ZIP **Orlando, FL 32819**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(Michael Gerrity) 4/28/03 (407) 224-6830**  
Date Daytime Phone #

CR2E034 (10/02)