PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000078197

1. Corporation Name

NATIONAL BROADCAST SERVICES, INC.

Principal Place	of Business '	Mailing Address		T INDICENT OF THE ORDER OR THE ORDER OF THE	8) 18101 1810 1811) 1861 1991
150 BELLWOOD STREET 150 BELLWOOD STREET		150 BELLWOOD STREET			
TITUSVILLE FL 32780 TITUSVILLE FL 32780			DO NOT MOITE IN THIS S	DACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
}				09/10/1998	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Plincipai Pi	ace of promess	26		59-3533082	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & StateCity & State			=6Election Gampaign Financing	-\$5:00 May Be	
23 28		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intan	igible
24	25	29 30		1 croonart roporty rax.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Ag	jent
AMERILAWYER				IKE DAVIS	
343 ALMERIA AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83 /5 6	Bellwood St	
COUNT CARDLES 12 CO 101			03		
}			84 City	tusuille FL	85 Zip Code 32780
A. D				poration submits this statement for the purpose of ch	nanging its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's beard of directors. I hereby accept the appointment as registered					
agent, I am tamiliar with, and accept the obligations of, Section 607.0505, Piorida Statings:					
SIGNATURE MILE DAVI Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	VSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CHERYL D		1.2 NAME		
STREET ADDRESS	150 BELLWOOD STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	l	☐ Change ☐ Addition
NAME	Davis, J. Michael		2.2 NAME		
STREET ADDRESS	150 BELLWOOD STREET		2.3 STREET ADDRESS	·	1
CITY-ST-ZIP	TITUSVILLE FL 32780		2. 4 CITY-ST-ZIP		Change - Addition
TITLE	-AD-	- DELETE	3.1-1ITLE		- change > Addition-
NAME	GUADAGNO, TOM		3.2 NAME		
STREET ADDRESS	150 BELLWOOD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780	O per ETE	3.4. CiTY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		T custific T Vocition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		□ DELETE	5.1 IRLE 5.2 NAME	'	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY+ST+ZIP		
CITY-ST-ZIP			0.7 0.11 F 01 F Z.R		

14. I hereby certify that the information supplied with this filing does not quality 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 abcurate 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90174 020 ***150.00