

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90053 004 \*\*\*150.00

**DOCUMENT # P99000056490**

1. Entity Name  
**VICTORY TELEVISION, INC.**

Principal Place of Business <b>85 EMMET AVE          EAST ROCKAWAY NY 11518</b>	Mailing Address <b>85 EMMET AVE          EAST ROCKAWAY NY 11518-2228</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1000 UNIVERSAL STUDIOS PLAZA          Suite, Apt. #, etc.  <b>Bldg 22A</b></i>	3. Mailing Address <i>1000 UNIVERSAL STUDIOS PLAZA          Suite, Apt. #, etc.  <b>Bldg 22A</b></i>
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City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO FL</b>	4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>32819</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>GERBER, MICHAEL H</b>	
STREET ADDRESS <b>85 EMMET AVE</b>	
CITY-ST-ZIP <b>EAST ROCKAWAY NY 11518</b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>D, P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GERBER, MICHAEL H</b>	
STREET ADDRESS <b>85 EMMET AVE</b>	
CITY-ST-ZIP <b>EAST ROCKAWAY, NY 11518</b>	
TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EDGAR N. MULLINGTON, JR</b>	
STREET ADDRESS <b>1033 FONTAINESTONE CIR</b>	
CITY-ST-ZIP <b>OCFEE, FL 34761</b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

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: EDGAR N. MULLINGTON, JR **4/10/00** **(407) 224-5360**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)