

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076978

1. Entity Name

A-1 TV INCORPORATED

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

04-19-2000 90114 034 \*\*\*150.00

Principal Place of Business

7510 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

Mailing Address

7510 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408-8529

2. Principal Place of Business

7510 Thomas Drive

Suite, Apt. #, etc.

Suite B

3. Mailing Address

7510 Thomas Drive

Suite, Apt. #, etc.

Suite B

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32408

Country

USA

Zip

32408

Country

USA

4. FFL Number

59-3600257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEBERT, JOHN G  
7510 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

Hebert, John G.

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

7510 Thomas Drive, Suite B

City

Panama City Beach

FL

Zip Code

32408

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

*John Hebert*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-00

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 \$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 ☐ Delete  
NAME D  
STREET ADDRESS HEBERT, JOHN G  
CITY-ST-ZIP 7510 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*John Hebert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-00 850-235-3339

Daytime Phone #

CR2E034 (9/99)