

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077796

1. Entity Name

Spanish Home Shopping Network, Inc.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90088 002 \*\*\*550.00

Principal Place of Business

Mailing Address

A9068149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

319 Clematis Street

319 Clematis Street

Suite, Apt. #, etc.  
Suite 10000

Suite, Apt. #, etc.  
Suite 10000

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

4. FEI Number  
65-0983452

Applied For  
Not Applicable

Zip  
33401

Country  
U.S.A.

Zip  
33401

Country  
U.S.A.

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
Kenneth R. Duboff

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

10920 Biscayne Blvd.

City  
North Miami,

FL

Zip Code  
33161-7460

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

Kenneth R. Duboff

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D/C/P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffery D. Chandler
STREET ADDRESS	319 Clematis Street, Suite 10000
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D/VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randall Jordan
STREET ADDRESS	319 Clematis Street, Suite 10000
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher T. Collins
STREET ADDRESS	319 Clematis Street, Suite 10000
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery D. Chandler 7/7/00 (561) 493-1144

Date

Daytime Phone #

CR2E034 (9/99)