

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-01-2001 90035 033 ***158.75

DOCUMENT # P99000077893

1. Entity Name

HDTV CORPORATION, INC.

Principal Place of Business

Mailing Address

**885 NE 79TH ST
 MIAMI FL 33138**

**885 NE 79TH ST
 MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

☒ Applied For
☐ Not Applicable

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

**TAUSCH, ERIC
 694 N.E. 76TH STREET, STE. 4
 MIAMI FL 33138**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TAUSCH, ERIC 885 NE 79TH ST MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Eric Tausch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 26 01 for 756 7670

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
6672Form **SS-4****Application for Employer Identification Number**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

99-000077893

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) HDTV Corporation, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Eric S. Tausch
	4a Mailing address (street address) (room, apt., or suite no.) 885 NE 79th Street	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Miami, FL 33138	5b City, state, and ZIP code
	6 County and state where principal business is located Miami-Dade, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Eric S. Tausch 079-44-5989	

8a Type of entity (Check only one box.) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ► corporation
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ► corporation	

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State **Florida** Foreign country**9** Reason for applying (Check only one box.) (see instructions)
☒ Started new business (specify type) ►
☐ Banking purpose (specify purpose) ►
☐ Changed type of organization (specify new type) ►
☐ Purchased going business
☐ Created a trust (specify type) ►
☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)
August 27, 1999
11 Closing month of accounting year (see instructions)
December**12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **n/a****13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)
Nonagricultural Agricultural Household**14** Principal activity (see instructions) ► **video production****15** Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►**16** To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale)
☒ Public (retail) ☐ Other (specify) ► ☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► **Editech Corporation** Trade name ► **Editech Corporation****17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) **1997** City and state where filed **Miami-Dade, Florida** Previous EIN **65-0631210**Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Eric S. Tausch PD
Business telephone number (include area code) **(305) 756-7670**
Fax telephone number (include area code) **(305) 757-3081**Name and title (Please type or print clearly.) ►
Signature ► *Eric S. Tausch* Date ► **June 1, 2001****Note:** Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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