2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000082053 1. Entity Name GATOR COUNTRY COMMUNICATIONS, INC.				FILED Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90025 018 ***150.00	
	ce of Business	Mailing Address	<u> </u>		
4192 ALANADALE ROAD MELBOURNE FL 32935		4192 ALANADALE ROAD MELBOURNE FL 32935		RAATE100	
2. Principal F	Place of Business	3. Mailing Address	·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 7.194781	Applied For
Zip	Country	Zip	Country		.75 Additional Required
	6Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Age	ñt
FUTCH, JAMES A 4192 ALANADALE ROAD MELBOURNE FL 32935		Street Address		s (P.O. Box Number is Not Acceptable)	·
			City		Zip Code
				FL FL	
SIGNATURE .	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangibli requirement and elects to do so.	It and lite if applicable. (NO	DTE: Registered Agent signature requ	DATE DATE	\$5.00 May Be
9. This corportant filling r (See criter 11. TITLE NAME	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangibl requirement and elects to do so. eria on back) OFFICERS AND D FUTCH, JAMES A	it and litle if applicable. (NO IG FILE NOW After MAY 1, 2 Make Check Paya	VTE: Registered Agent signature required VIII FEE IS \$150.00 V 2000 Fee will be \$550.00 able to Department of S 12. TITLE NAME	DATE DATE DATE DATE DATE DATE DATE DATE	\$5.00 May Be Added to Fees RECTORS IN 11 Change Addit
SIGNATURE . 9. This corport Tax filing m (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangible requirement and elects to do so. eria on back) OFFICERS AND	It and life if applicable. (NO Refine the second se	VTE: Registered Agent signature required VIII FEE IS \$150.00 V 2000 Fee will be \$550.00 able to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIF	Added to Fees
9. This corport Tax filing r (See criter 11. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangibli requirement and elects to do so. oria on back) D FUTCH, JAMES A 4192 ALANADALE ROAD	It and little if applicable. (NO FILE NOW After MAY 1, 2 Make Check Paya	Agent signature requirements and the second	ADDITIONS/CHANGES TO OFFICERS AND DIF	Added to Fees
9. This corport Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangibli requirement and elects to do so. oria on back) D FUTCH, JAMES A 4192 ALANADALE ROAD	It and life if applicable. (NO Refine the second se	Agent signature required Agent signature required Agent signature required Agent signature required agent and the statement of statement of statement of statement and structure address of the stru	ADDITIONS/CHANGES TO OFFICERS AND DIF	Added to Fees
9. This corpor Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangibli requirement and elects to do so. oria on back) D FUTCH, JAMES A 4192 ALANADALE ROAD	It and litie if applicable. (NO After MAY 1, 2 Make Check Paya D DIRECTORS	ATE: Registered Agent signature required Agent signature required Agent signature required agent signature required agent agen	ADDITIONS/CHANGES TO OFFICERS AND DIF	Added to Fees
SIGNATURE . 9. This corport Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangibli requirement and elects to do so. oria on back) D FUTCH, JAMES A 4192 ALANADALE ROAD	It and life if applicable. (NO After MAY 1, 2 Make Check Paya D DIRECTORS	ATE: Registered Agent signature required VIII FEE IS \$150.00 Able to Department of S 12. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ared when reinstating) DATE Date Date Date Date Date Date Date Date	Added to Fees

Ē