

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/7/2003-90307-021-\$150.00-\$150.00


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 16 AM 10:49

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DOCUMENT # P99000086379

1. Entity Name
FRED TV, INC.



Principal Place of Business
**629 SYLVAN RESERVE COVE
SANFORD FL 32771**

Mailing Address
**629 SYLVAN RESERVE COVE
SANFORD FL 32771**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3600874** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**YAWNICK, FRED J
629 SYLVAN RESERVE COVE
SANFORD FL 32771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD YAWNICK, FRED J 629 SYLVAN RESERVE COVE SANFORD FL 32771 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCLERY, REBECCA 629 SYLVAN RESERVE COVE SANFORD FL 32771 <input checked="" type="checkbox"/> Delete <i>Misspelled</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T McClung, Rebecca 629 Sylvan Reserve Cove Sanford FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Yawnick* **7/1/03** **407-304-6251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2034 (4/03)

7/16/03

2/2

FRED TV INC.
629 SYLVAN RESEVE COVE
SANFORD, FLORIDA 32771
(407)-302-6251

July 14th, 2003

To : Andy Dunlap

Dear Andy,

We never received the initial business report form. As discussed a letter was attached to the check for \$150.00 but was never received.

Thank you for your cooperation.

Best regards,



Fred Yawnick
Pres
Fred TV Inc.