

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90251 035 ***150.00

DOCUMENT # P99000097821

1. Entity Name

STRATEGIC PROGRAMMING PARTNERS, INC.

Principal Place of Business

**3475 TARPON WOODS BOULEVARD
 PALM HARBOR FL 34685**

Mailing Address

**3475 TARPON WOODS BOULEVARD
 PALM HARBOR FL 34685**

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 **59-3606795**

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

**DOMINOWSKI, PETER
 3475 TARPON WOODS BLVD
 PALM HARBOR FL 34685**

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's signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☐ Delete
NAME	DOMINOWSKI, PETER	
STREET ADDRESS	3475 TARPON WOODS BOULEVARD	
CITY-STATE-ZIP	PALM HARBOR FL 34685	
TITLE	VD	☐ Delete
NAME	EMMONS, TIMOTHY R	
STREET ADDRESS	3475 TARPON WOODS BOULEVARD	
CITY-STATE-ZIP	PALM HARBOR FL 34685	
TITLE	VD	☐ Delete
NAME	SPEAR, DALE A JR.	
STREET ADDRESS	3475 TARPON WOODS BOULEVARD	
CITY-STATE-ZIP	PALM HARBOR FL 34685	
TITLE	VD	☐ Delete
NAME	WILLIAMS, SCOTT C	
STREET ADDRESS	3475 TARPON WOODS BOULEVARD	
CITY-STATE-ZIP	PALM HARBOR FL 34685	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

3/15/01

Date

722 784-0030

Daytime Phone #

CR2E034 (10/00)