

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90614 021 ***150.00

DOCUMENT # P99000100438

1. Entity Name

TV NET PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**C/O DAVID J. HART, P.A.
 100 N. BISCAYNE BLVD. SUITE 2600
 MIAMI FL 33132**

**C/O DAVID J. HART, P.A.
 100 N. BISCAYNE BLVD. SUITE 2600
 MIAMI FL 33132**

2. Principal Place of Business

329 Central Ave.

3. Mailing Address

P.O. Box 18333

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34276

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, DAVID J
 100 N. BISCAYNE BLVD.
 SUITE #2600
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name **Luis Baron**

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

329 Central Ave.

City **Sarasota**

FL

Zip Code **34236**

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 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

TITLE **D** ☒ Delete
 NAME **EDUARDO, LUIS**
 STREET ADDRESS **C/O DAVID J. HART, P.A.**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☒ Delete
 NAME **LUCIA, MARTHA**
 STREET ADDRESS **C/O DAVID J. HART, P.A.**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Baron, Luis**
 STREET ADDRESS **329 Central Ave**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **D** ☒ Change ☐ Addition
 NAME **calle, Martha**
 STREET ADDRESS **329 Central Ave**
 CITY-ST-ZIP **Sarasota, FL 34236**

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

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

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

TITLE ☐ Change ☐ 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

2/26/01

Date

(941) 923-0273

Daytime Phone #

0155149

CR2E034 (10/00)