

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90845 018 ***150.00

DOCUMENT # P99000109199

1. Entity Name
ESI BROADCASTING CORPORATION

Principal Place of Business
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH FL 33408

Mailing Address
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH FL 33408

2. Principal Place of Business
50 S. US Hwy one
Suite, Apt. #, etc.
303

3. Mailing Address
50 S. US Hwy one
Suite, Apt. #, etc.
303

City & State
JUPITER, FL

City & State
JUPITER, FL

4. FEI Number **65-0968042**

Applied For
Not Applicable

Zip **33477** **Country** **USA**

Zip **33477** **Country** **USA**

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

6. Name and Address of Current Registered Agent

HESSEE, KEVIN C
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **HESSEE, KEVIN L**
Street Address (P.O. Box Number is Not Acceptable)
50 S. US Hwy one
S - # 303
City **JUPITER** **FL** **Zip Code** **33477**

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 **KEVIN L. HESSEE**

[Signature]

3/25/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **STOCKLIN, MICHAEL**
STREET ADDRESS **860 US HIGHWAY ONE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **V** ☐ **Delete**
NAME **HESSEE, KEVIN L**
STREET ADDRESS **860 US HIGHWAY ONE, #108**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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 **STOCKLIN, MICHAEL**
STREET ADDRESS **50 S. U.S. Hwy. ONE**
CITY-ST-ZIP **SUITE #303**
JUPITER, FL 33477

TITLE **V** ☒ **Change** ☐ **Addition**
NAME **HESSEE, KEVIN L.**
STREET ADDRESS **50 S. U.S. Hwy. ONE**
CITY-ST-ZIP **SUITE # 303**
JUPITER, FL. 33477

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 an other like empowered.

SIGNATURE:

[Signature] **KEVIN HESSEE**

3/25/02

561/746-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)