

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90139 006 ***150.00

DOCUMENT # S04351

1. Entity Name
AAA TV & ANTENNA SERVICE, INC.

Principal Place of Business

1734 N MILITARY TRAIL
 W PALM BEACH FL 33409
 US

Mailing Address

1734 N MILITARY TRAIL
 W PALM BEACH FL 33409-4714
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1738 N MILITARY TRAIL

3. Mailing Address
1738 N MILITARY TRAIL

City & State
WEST PALM BEACH, FL
 Zip
33409
 Country
USA

City & State
WEST PALM BEACH, FL
 Zip
33409
 Country
USA

4. FEI Number **65-0226655**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MANSFIELD, RONNIE D.
 1734 N MILITARY TRAIL
 W PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
RONNIE MANSFIELD
 Street Address (P.O. Box Number is Not Acceptable)
1738 N MILITARY TRAIL
 City
West Palm Beach **FL** Zip Code
33409

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]* DATE *x 01-19-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<input type="checkbox"/> Delete
NAME MANSFIELD, RONNIE D.	
STREET ADDRESS 1734 N MILITARY TRAIL	
CITY-ST-ZIP W PALM BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>DP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>RONNIE MANSFIELD</i>	
STREET ADDRESS <i>1738 N MILITARY TRAIL</i>	
CITY-ST-ZIP <i>West Palm Beach FL 33409</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE *x 01-19-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)