2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am S04351 DOCUMENT # **Secretary of State** 1. Entity Name 02-13-2002 90124 020 ***150.00 AAA TV & ANTENNA SERVICE, INC. Principal Place of Business Mailing Address 1738 N MILITARY TRAIL 1738 N MILITARY TRAIL W PALM BEACH FL 33409 W PALM BEACH FL 33409 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FÉI Number City & State 65-0226655 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANSFIELD, RONNIE Street Address (P.O. Box Number is Not Acceptable) 1738 N MILITARY TRAIL W PALM BEACH FL 33409 Zio 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ___FILE:NOW!!!-FEE:IS:\$150:00 === 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. £.... (10/6) ☐ Change Addition TITLE TITLE اعتاد کی MANSFIELD, RONNIE NAME NAME CR2E034 STREET ADDRESS 1738 N MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP Change **¬** Addition ☐ Delete TITLE TITLE 7-10 -10-104 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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13. Thereby certify that the information supplied with this filling 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

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