

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10226

1. Entity Name

GERMAN SATELLITE NEWS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90117 023 ***150.00

Principal Place of Business

Mailing Address

C/O ERNEST A. SEEMANN
1105 CAPE CORAL PKWY E #C
CAPE CORAL FL 33904
US

C/O ERNEST A. SEEMANN
1105 CAPE CORAL PKWY E #C
CAPE CORAL FL 33904-9175
US

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

65-0377882

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

SEEMANN, ERNEST A.
1105 CAPE CORAL PKWY E #C
CAPE CORAL FL 33904

Name

CHRISTINE F. WRIGHT, ESQ.

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

1105 CAPE CORAL PKWY EAST

SUITE C

City

CAPE CORAL

FL

Zip Code

33904

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, 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	KEISER, HELMUT	
STREET ADDRESS	% SALISBURY HOUSE LONDON	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, ALBERT DR	
STREET ADDRESS	ZUELPICHER ST 10	
CITY-ST-ZIP	DUESSELDORF, W GERMA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, ROGER	
STREET ADDRESS	135 SW 53RD ST.	
CITY-ST-ZIP	CAPE CORAL 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

806528



DO NOT WRITE IN THIS SPACE

Christine F. Wright

1/13/00

Roger HORNE

1/18/2000

941-945-1312