

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10226

Entity Name

GERMAN SATELLITE NEWS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90155 049 ***150.00

Principal Place of Business

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

Mailing Address

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

80029202



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0377882

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, CHRISTINE F ESQ
1105 CAPE CORAL PKWY E #C
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D ☐ Delete
KEISER, HELMUT
% SALISBURY HOUSE LONDON
LONDON, ENGLAND

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D ☐ Delete
MAYER, ALBERT DR
ZUELPICHER ST 10
DUESSELDORF, W GERMA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D ☐ Delete
HORNE, ROGER
135 SW 53RD ST.
CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (9/01)