## F00000004755 **DOCUMENT #**

1. Entity Name

SEAVIEW VIDEO TECHNOLOGY, INC.

Principal Place of Business 200 MADONNA BLVD. ST-PETERSBURG FL 33715  Mailing Address 200 MADONNA BLVD. 37-PETERSBURG FL 33715			·-	,	Tabore de		
2. Principal Place of Business 111 Second Ave NE  Suite, Apt. #, etc. Suite 1600		3. Mailing Address Same Suite, Apt. #, etc. Same			DO NOT WRITE IN THIS SPACE		
City & State St Petersburg, FL		City & State Same		<b>4.</b> F	. FEI Number <b>87-0438640</b> Applied Fo Not Applied		
<sup>Zip</sup> 33701	Country USA 6. Name and Address of Current	Zip Same Registered Agent	Country Same		Certificate of Status Desired	Fee Re	Additional quired
WALL, MARK M 721 FIRST AVENUE NORTH ST PETERSBURG FL 33701				Name Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code			
						55.00 May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PCD MCBRIDE, RICHARD 200 MADONNA BLVD ST PETERSBURG FL SD	DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCD George 111Sec	DITIONS/CHANGES TO OFFICE Bernardich II ond Ave NE Sui ersburg, FL 33	□ Cha II te 1600	inge 🔀 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOULD, BRAD 200 MADONNA BLVD ST PETERSBURG FL TD COX, JAMES R 200 MADONNA BLVD ST PETERSBURG FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, MYLES 200 MADONNA BLVD ST PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, .		☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gould, Brad 200 Madonna Blvd St Petersburg Fl	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, FRED 200 MADONNA BLVD ST PETERSBURG FL	<b>反</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	inge Addition

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 attack price of the corporation of

SIGNATURE:

BYSHE SEEKRESK IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 866 3660