

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90129 039 ***150.00

DOCUMENT # F93000005855

1. Entity Name
MAGNIVISION, INC.

Principal Place of Business 1500 SW 66TH AVE. PEMBROKE PINES FL 33023	Mailing Address ONE AMERICAN RD CLEVELAND OH 44144-2301 US
---	---



DO NOT WRITE IN THIS SPACE

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 65-0419470	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip 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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NYMAN, MORTON	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY-ST-ZIP	CLEVELAND OH 44144	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, MORRY	
STREET ADDRESS	ONE AMERICAN RD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, WILLIAM S	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, ERWIN	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY-ST-ZIP	CLEVELAND OH 44144	
TITLE	T	<input type="checkbox"/> Delete
NAME	CABLE, DALE	
STREET ADDRESS	ONE AMERICAN RD.	
CITY-ST-ZIP	CLEVELAND OH 44144	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIPPLE, PATRICIA	
STREET ADDRESS	ONE AMERICAN RD.	
CITY-ST-ZIP	CLEVELAND OH	

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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000 **(216) 252-7386**
 Date Daytime Phone #

CF 0-2-0000