

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000002905

FILED
Jan 10, 2003
Secretary of State

Entity Name: BABY STEPS VIDEO, INC.

Current Principal Place of Business:

15950 BAY VISTA DRIVE
SUITE 220
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

15950 BAY VISTA DRIVE
SUITE 220
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3619812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPEN, ANTON J ESQ.
SMITH & HOPEN, P.A.
15950 BAY VISTA DRIVE SUITE 220
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOPEN, LISA
Address: 15950 BAY VISTA DRIVE SUITE 220
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: HOPEN, ANTON
Address: 15950 BAY VISTA DR., SUITE 220
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /ANTON HOPEN/

D

01/10/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date