

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90463 049 \*\*\*150.00

768903

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000090398  
**1. Entity Name**  
**VISUAL SCRIPTURES, INC.**

<b>Principal Place of Business</b> 5100 Town Center Circle Suite 330 Boca Raton, FL 33486	<b>Mailing Address</b> 5100 Town Center Circle Suite 330 Boca Raton, FL 33486
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b> <b>Country</b>	<b>Zip</b> <b>Country</b>

<b>4. FEI Number</b> 65-1042542	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 E.H.G. Resident Agents, Inc.  
 5100 Town Center Circle, Suite 330  
 Boca Raton, Florida 33486

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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)

**10. Election Campaign Financing Trust Fund Contribution.**        **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> Daniel W. Johnson	
<b>STREET ADDRESS</b> 5100 Town Center Circle, Suite 330	
<b>CITY-ST-ZIP</b> Boca Raton, FL 33486	
<b>TITLE</b> S	<input type="checkbox"/> Delete
<b>NAME</b> James G. Petway, Jr.	
<b>STREET ADDRESS</b> 5100 Town Center Circle, Suite 330	
<b>CITY-ST-ZIP</b> Boca Raton, FL 33486	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> Paul Wong	
<b>STREET ADDRESS</b> 1408 Lippo Sun Plaza	
<b>CITY-ST-ZIP</b> 28 Canton Rd., Kowloon, Hong Kong	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> Anthony Ng	
<b>STREET ADDRESS</b> 1408 Lippo Sun Plaza	
<b>CITY-ST-ZIP</b> 28 Canton Road, Kowloon, Hong Kong	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Daniel W. Johnson*      **4/27/01**      **561-361-9300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)