2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90390 017 ***150.00

DOCUMENT # P99000048553

1. Entity Name
THREE SIXTY VIDEO, INC.

Principal Place of Business	Mailing Address
5210 BRANCH AVE TAMPA FL 33603	5210 BRANCH AVE TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

	2. Principal Place of Business	3. Mailing Address
Street	607 S. DAKOTA AV	607 S. DAKOTA AV
Suite, Apt. #, etc.		
City & State	TAMPA FL	TAMPA FL
Zip	33606	33606
Country	USA	USA

4. FEI Number 59-3586065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, COLIN L
5210 BRANCH AVE
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name COLIN L KELLY
Street Address (P.O. Box Number is Not Acceptable)
607 S. DAKOTA AV
City TAMPA FL Zip Code 33606

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLY, COLIN L 5210 BRANCH AVE TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLY, COLIN L 607 S. DAKOTA AV TAMPA FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Colin Kelly COLIN KELLY 4/18/01 813.231.4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #