2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070471 1. Entity Name

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

K C SCREEN, INC.

Suite, Apt. #, etc.

ANDERSON, CARL M

9320 DEARMONT AVENUE ORLANDO FL 32825

9. This corporation is eligible to satisfy its Intangible

ANDERSON, CARL M

ORLANDO FL 32825

ORLANDO FL 32825

9320 DEARMONT AVENUE

ANDERSON, KIMBERLY M

9320 DEARMONT AVENUE

Tax filing requirement and elects to do so.

(See criteria on back)

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

MAME

NAME STREET ADDRESS

11.

Mailing Address Principal Place of Business 5525 DEARMONT AVENUE 9320 DEARMONT AVENUE ORLANDO FL 32825-5336 FL 32825-5336 3. Mailing Address 2. Principal Place of Business

Suite, Apt. #, etc.

Country

12.

TITLE

NAME

TITLE

NAME

NAME

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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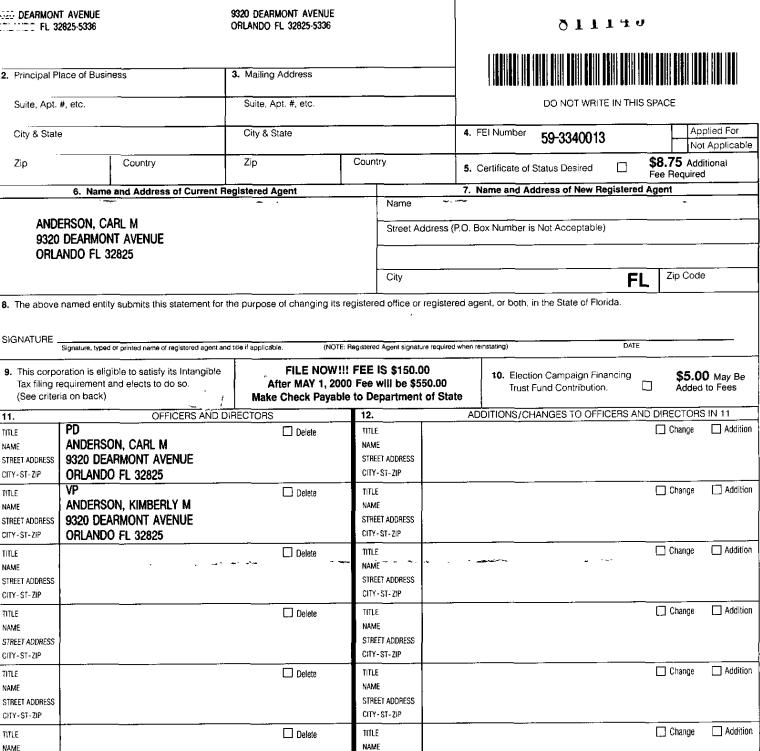
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City & State

Zip

FILED Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90038 006 ***150.00



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 of 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 light empowered.

SIGNATURE: 🔙

unu SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR