

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91154 003 ***150.00

768898

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000117493
1. Entity Name
VISUAL RELEASING, INC.

Principal Place of Business 5100 Town Center Circle
Suite 330
Boca Raton, FL 33486
Mailing Address 5100 Town Center Circle
Suite 330
Boca Raton, FL 33486

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State
Zip **Country**

4. FEI Number **APPLIED FOR** ☒ **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: 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)