

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

DOCUMENT # A97000002385  
1. Entity Name  
Visual Gratuity Productions Limited Partnership

Principal Place of Business Mailing Address  
343 Hickory Drive / 343 Hickory Dr.  
Maitland, FL 32751 / Maitland, FL 32751

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

4. FEI Number 3504559 Applied For  
59- Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Dave Swuz  
343 Hickory Drive  
Maitland, FL 32751

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 *[Signature]* Reg. Agent DATE 4/11/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record \$20,000 10. Amount of Capital Contributions in FLORIDA to date \$20,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	Dave Swuz
NAME	343 Hickory Drive
STREET ADDRESS	Maitland, FL 32751
CITY-ST-ZIP	
DOCUMENT #	Robert Selvaggi
NAME	2113 Lake Debra Drive
STREET ADDRESS	Orlando, FL 32835
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	3000032845.03- -1
	-06/12/00--01029--004
	****228.75 ****228.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* Dave Swuz 4/11/00 (407) 421-2578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)