2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F01000001689

1. Entity Name INVIEW, INC.



FILED May 01, 2003 8:00 am \$\frac{3}{2}\$
Secretary of State
05-01-2003 90342 017 ***150.00

				1 7		1			
Principal Plac 3302 20TH AV VALLEY AL 3		Mailing Address 3302 20TH AVENUE VALLEY AL 36854							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	re	City & State				4. FEI Number 58-2509974		oplied For	
Zip Country		Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current			Registered Agent		ن سياسي				
	5. Harie and Address Greatest	it riegister	od Agont —	Nam	e	7. Italic and Address of New York	Sicied Agent		
O T COPPORATION OVETEN				, , ,	1				
C T CORPORATION SYSTEM			Street Address			(P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD									
PLANTATION FL 33324									
				City			FL Zip Cod	e	
9 The chave	and antity submits this statement	for the pure	and of changing its	agistered office	o or rogistor	red agent, or both, in the State of Florida		and aggest	
	tions of registered agent.	or me burk	lose of changing its re	egistered onic	e or register	red agent, or both, in the State of Florida	a. Familamida with,	and accept	
· ·	8								
SIGNATURE .									
	Signature, typed or printed name of registered ager	nt and title if app	olicable. (NOTE:	Registered Agent si	gnature required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00						Flaction Compoign Finance	oing PEO		
After May 1, 2003 Fee will be \$550.00					 Election Campaign Finance Trust Fund Contribution. 		May Be to Fees		
Make Check Payable to Florida Department of State								. 13 / 332	
10. OFFICERS AND DIRECT			PRS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11	
TITLE	P	•	Delete	TITLE	Presi	ident .	☐ Change	Addition	
NAME	NEVILLE, KEVIN C			NAME	Scot	H Etzler			
STREET ADDRESS	8420 WEST BRYN MAWR, SUIT	E 413		STREET ADDRE	SS 825	Forest Ave.			
CITY-ST-ZIP	CHICAGO IL 60631			CITY-ST-ZIP	מוניטו	nette, IL 60091			
TITLE	v		Delete	TITLE		President /Treasurer	☐ Change	Addition	
NAME	VECCHIARELLI, ELIO		20000	NAME		Tornbull			
STREET ADDRESS	33 PLAINES GAP ROAD			STREET ADDRE	ss 765	1-1 Rivercrest Dr.		ł	
CITY-ST-ZIP	NORTH BRUNSWICK NJ 08092			CITY-ST-ZIP	Coli	umbus, GA 31904		.	
TITLE - ·	S		Delete	TATITLE on the	- Secr	étary		Addition	
NAME	THOMPSON, KIMBERLY E			NAME		wise		_	
STREET ADDRESS	4717 DOLPHIN LANE			STREET ADDRE		Highland Park Marion A	ie.		
CITY-ST-ZIP	ALEXANDRIA VA 22309		The same	CITY-ST-ZIP	- I	Wand Park, 11 60035			
TITLE	T		☐ Delete	TITLE		President	Change	Addition	
NAME	PRUITT, KATE C		23 00000	NAME		ert Lamb			
STREET ADDRESS	3302 20TH AVENUE			STREET ADDRE		E, 4th Street			
CITY-ST-ZIP	VALLEY AL 36854			CITY-ST-ZIP		Point, GA 31833		- {	
TITLE	D		☐ Delete	TITLE			☐ Change	Addition	
NAME	LANIER, CAMPBELL B III			NAME			51100.90		
STREET ADDRESS	1239 O.G. SKINNER DRIVE			STREET ADDRE	ss				
CITY-ST-ZIP	WEST POINT GA 31833			CITY-ST-ZIP				{	
TITLE	D D		Delete	TITLE			☐ Change	☐ Addition	
NAME	SCOTT, WILLIAM H III		□ Delete	NAME			Griange	FOULTON	
STREET ADDRESS	1239 O.G. SKINNER DRIVE			STREET ADDRES	25			1	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

WEST POINT GA 31833

CITY-ST-ZIP

Date

Daytime Phone *