

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90058 013 ***150.00

DOCUMENT # F73830

1. Entity Name

SOUND & VISION COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1001 W NORTH A ST
TAMPA FL 33609

4601 W NORTH A ST
TAMPA FL 33609-1909
US

ADD0188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2186740**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CUTHBERTSON, IAN
4601 W NORTH A ST
TAMPA FL 33609

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

☐ Delete

☐ Change ☐ Addition

TITLE **PD**
NAME **CUTHBERTSON, IAN**
STREET ADDRESS **4601 W NORTH A STREET**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE **D**
NAME **HARRELL, SUZANNE**
STREET ADDRESS **4601 W NORTH A STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE **D**
NAME **BOOTH, ARTHUR D. III**
STREET ADDRESS **4601 W NORTH A STREET**
CITY-ST-ZIP **TAMPA FL**

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CITY-ST-ZIP

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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 that all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IAN CUTHBERTSON

4/11/00

(813) 289-4297

CR2E034 (9/99)