

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003012

1. Entity Name

VIVID IMAGE PROMOTIONS, INC.

**FILED**  
**Apr 01, 2000 8:00 am**  
**Secretary of State**

04-01-2000 90001 006 \*\*\*150.00

Principal Place of Business 2825 LOGAN DR. PENSACOLA FL 32503	Mailing Address P.O. BOX 15247 #61 PENSACOLA FL 32514-0247
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 16376	
City & State		City & State MOBILE ALA	
Zip	Country	Zip	Country
36616		MOBILE	

4. FEI Number 63-1119876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MOESTA, DOUG 2825 LOGAN DR. PENSACOLA FL 32503
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P PRATT, JOHN D 3205 EAST OLIVE RD., #61 PENSACOLA FL 32514	
V PRATT, BENNY 3205 EAST OLIVE RD., #61 PENSACOLA FL 32514	
ST PRATT, PHILIP 3205 EAST OLIVE RD., #61 PENSACOLA FL 32514	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P PRATT JOHN D P.O. BOX 16376 MOBILE AL 36616	
V PRATT BENNY P.O. BOX 16376 MOBILE AL 36616	
ST PRATT PHILIP P.O. BOX 16376 MOBILE AL 36616	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: BENNY PRATT 3-28-2000 850-432-0045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)