

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90350 006 ***150.00

DOCUMENT # F98000002528

1. Entity Name
MOBILE VIDEO SERVICES, INC.

Principal Place of Business
1806 SWIFT - SUITE 207
NORTH KANSAS CITY MO 64116

Mailing Address
1806 SWIFT - SUITE 207
NORTH KANSAS CITY MO 64116

00022146



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 **43-1396799**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME PCD JEFFERS, L M	<input type="checkbox"/> Delete
STREET ADDRESS 8004 N HARRISON LANE	
CITY-ST-ZIP KANSAS CITY MO	
TITLE NAME VD JEFFERS, MICHAEL D	<input type="checkbox"/> Delete
STREET ADDRESS 8004 N HARRISON LANE	
CITY-ST-ZIP KANSAS CITY MO	
TITLE NAME D BLACK, LISA L	<input type="checkbox"/> Delete
STREET ADDRESS 1408 NW 63RD TERR	
CITY-ST-ZIP KANSAS CITY MO 64118	
TITLE NAME TS WEST, JANICE M	<input type="checkbox"/> Delete
STREET ADDRESS 7753 FONTANA	
CITY-ST-ZIP PRAIRIE VILLAGE KS 66208	
TITLE NAME VD JEFFERS, JOSEPH C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 626 RIDGEWAY DR	
CITY-ST-ZIP LIBERTY MO	
TITLE NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Janice M. West - JANICE M WEST Date: 1/31/01 Daytime Phone #: 816-842-1010

CR2E034 (10/00)