

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003601

1. Entity Name

BUENA VISTA INTERNET GROUP, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90049 026 \*\*\*150.00

Principal Place of Business

500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521

Mailing Address

500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521-0001

2. Principal Place of Business

3. Mailing Address

**500 SOUTH BUENA VISTA STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BURBANK, CA**

Zip

Country

Zip

**91521-0586**

Country

**US**

4. FEI Number

**95-4547028**

Applied For

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

7. Name and Address of New Registered Agent

**IOPPOLO, FRANK S**  
**1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH**  
**LAKE BUENA VISTA FL 32830**

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, 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

TITLE ☒ Delete  
NAME **N**  
WINEBAUM, JACOB J  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☒ Addition  
NAME **P**  
WADSWORTH, STEPHEN H.  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Delete  
NAME **SD**  
REED, MARSHA L  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
BUETTNER, ANNE L  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
LITVACK, SANFORD M  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **V**  
DAVIS, CHARLES M  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☒ Addition  
NAME **D**  
BORNSTEIN, STEVEN M.  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Delete  
NAME **V**  
GOLDSTEIN, KENNETH F  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☐ Addition  
NAME  
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: **MARSHA L. REED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(818) 560-1000**

Daytime Phone #

CR2E034 (9/99)