

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90290 026 \*\*\*150.00

**DOCUMENT # G42183**

1. Entity Name

**M.T.V. GROUP ENTERPRISE, INC.**



Principal Place of Business

**459 NE 17TH WAY  
FT. LAUDERDALE FL 33301  
US**

Mailing Address

**459 NE 17TH WAY  
FT. LAUDERDALE FL 33301  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2300126**

Applied For

Not Applicable

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

~~IGOE, JOHN G EST~~

~~EDWARDS & ANGELL~~

~~250 ROYAL PALM WAY STE 4300~~

~~PALEMBACH FL 33480~~

**DELETE**

Name

**REGINA GOE**

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

**459 NE 17 WAY**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title in parentheses.

(Not Registered Agent signature required when reinstating)

**3/7/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **IGOE, REGINA CHAMPLIN**  
STREET ADDRESS **2000 E. SUNRISE BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME **IGOE, REGINA CHAMPLIN**  
STREET ADDRESS **459 N.E 17 WAY**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change

☐ Addition

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-03**

Date

Daytime Phone #

CR2E034 (10/02)