

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91187 014 ***150.00

0301723 AV

DOCUMENT # G87112
 1. Entity Name
SATISFACTION TV VIDEO SERVICE, INC.

Principal Place of Business
1980 S CONGRESS AVE
WEST PALM BCH FL 33406
US

Mailing Address
1980 S. CONGRESS AVE
WEST PALM BCH FL 33406
US

B0109388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
456 Alameda Drive
 Suite, Apt. #, etc.

3. Mailing Address
456 Alameda Drive
 Suite, Apt. #, etc.

City & State
Palm Springs, FL
 Zip Country
33461 US

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Palm Springs, FL
 Zip Country
33461 US

4. FEI Number **59-2369487** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOLNAR, ARTHUR W.
1980 S CONGRESS AVE
WEST PALM BCH FL 33406

7. Name and Address of New Registered Agent
 Name **MOLNAR, Arthur W.**
 Street Address (P.O. Box Number is Not Acceptable)
456 Alameda Drive
Palm Springs FL Zip Code 33461

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 *Arthur Molnar* **4/26/02**
 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, 2002 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLNAR, ARTHUR W.	NAME	
STREET ADDRESS	456 ALEMEDA DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLNAR, DONNA M.	NAME	
STREET ADDRESS	456 ALEMEDA DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Arthur Molnar* **4/26/02 (561)968-2179**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)