## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## H43069 **DOCUMENT #**

1. Entity Name



## Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90140 026 \*\*\*150.00

PROTECTION Place of Susiness  2. Frincipal Place of Susiness  Suite, Agr. 4, etc.  2. Frincipal Place of Susiness  Suite, Agr. 4, etc.  City & State  City &		MART CINE-VIDEO, INC.		COO WE IT		
Sulle, Apt. #, etc.   Gity & State   Golder   Go	6327 SOUTH ORANGE AVENUE		6327 SOUTH ORANGE AVENUE		)	] <b>8</b> 11 <b>8</b> 1 <b>9</b> 15 18 8 1
Sulle, Apt. #, etc.   Gity & State   Golder   Go	2 Gringing	Plana of Cusinosa	La Mailia Address			
City & State    Country			3. Mailing Address			
Zip Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fiee Required   \$9.75 Additional Fiee Required   \$	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Certificate of Status Desired   Fee Hequired   S. Certificate of Status Desired   Fee Hequired   SUTYAK, CHARLES M.  8327 SO DANGE AVE ORIANDO FL 32809  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registrande agent with a statement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registrande agent and the Argiciality.  SIGNATURE	City & Sta	ate	City & State		5952527300	
SUTYAK, CHARLES M. 6327 S ORANGE AVE ORLANDO FL 32809  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  INME  STRET ALDRESS  CITY-ST-2P  ORLANDO FL S2812  Debte  MAKE  STRET ADDRESS  OITY-ST-2P  TITLE  MAKE  STRET ADDRESS  OITY-ST-2P  ORLANDO FL  Debte  TITLE  MAKE  STRET ADDRESS  OITY-ST-2P  TI	Zip	Country	Zip	Country		
SUTYAK, CHARLES M. 6327 S ORANGE AVE ORLANDO FL 32809  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am framiliar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PAYOR CLOYD A. STREY ADRESS  STREY ADRESS  STREY ADRESS  SUTYAK, CHARLES  STREY ADRESS  CITY-ST-2P  TILE  WS SUTYAK, CHARLES  STREY ADRESS  SUTYAK, CHARLES  STREY ADRESS  STREY ADRES		6. Name and Address of Curren	Registered Agent	None	7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code	SUTYAK.	CHARLES M.		Name		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept into obligations of registered agent.    SIGNATURE				-Street Addre	ss (P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	ORLANDO	O FL 32809				
THE Obligations of registered agent.    SIGNATURE   Systems, typed or printed remore of registered agent and tick if applicable.   (NOTE Registered Agent signature required when mentativing)   DATE				City	FL Zip Cod	e
Signature, Nyped or printed natural set all projectives and of tregitative depicts of tregitative received when remarkating)   DATE	41 1.05		or the purpose of changing i	its registered office or reg	stered agent, or both, in the State of Florida. I am familiar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS C	SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NC	DTE: Registered Agent signature rec	guired when reinstating) DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TAYLOR, CLOYD A. 3307 ARNOLD AVE ORLANDO FL 32812  TITLE NAME SITERET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Afte	er May 1, 2003 Fee will be \$550.00	of State			
TAYLOR, CLOYD A. 3307 ARNOLD AVE ORLANDO FL 32812  TITLE NAME STREET ADDRESS CLTY-ST-ZIP  TITLE STREET ADDRESS CLTY-ST-ZIP  TITLE NAME STREET ADDRESS CLTY-ST-ZIP	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME	1.7		TITLE		
NAME		3307 ARNOLD AVE	, ☐ Delete	NAME Street address	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	3307 ARNOLD AVE ORLANDO FL 32812 VS SUTYAK, CHARLES 624 ALBERTSON PLACE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME_  STREET ADDRESS	3307 ARNOLD AVE ORLANDO FL 32812 VS SUTYAK, CHARLES 624 ALBERTSON PLACE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change	☐ Addition E
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3307 ARNOLD AVE ORLANDO FL 32812 VS SUTYAK, CHARLES 624 ALBERTSON PLACE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change	Addition Addition
	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	3307 ARNOLD AVE ORLANDO FL 32812 VS SUTYAK, CHARLES 624 ALBERTSON PLACE	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change	Addition 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: