

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77671

1. Entity Name

CINEVISION CORPORATION

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90064 010 \*\*\*150.00

Principal Place of Business

Mailing Address

616 E STREET  
CLEARWATER FL 33756  
US

616 E STREET  
CLEARWATER FL 33771-2467  
US

2. Principal Place of Business

3. Mailing Address

2480 E Bay Dr.

2480 E. Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

12

City & State

City & State

Largo, FL

Largo, FL

Zip 33771-2467

Country

USA

Zip 33771-2467

Country

USA

4. FEI Number

59-2652353

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

GUTHRIE, J. MARVIN  
1230 S. MYRTLE AVENUE  
SUITE 101  
CLEARWATER FL 33756

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.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MURRAY, ROGER  
STREET ADDRESS 1420 MORROW DR  
CITY-ST-ZIP CLEARWATER FL 33756

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME CROWN, WILLIAM E III  
STREET ADDRESS 409 PALMETTO RD  
CITY-ST-ZIP BELLEAIR FL 33756

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD  
NAME MURRAY, MARY LOU  
STREET ADDRESS 1420 MORROW DR  
CITY-ST-ZIP CLEARWATER FL 33756

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Roger Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roger Murray*  
President

Date

1-17-00

Daytime Phone #

727-443-4000

CR2E034 (9/99)