

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90022 046 *****50.00

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DOCUMENT # L00000004298

1. Entity Name

ULTRA - TECH VIDEO, LLC



Principal Place of Business

**139 MOHIGAN CIRCLE
BOCA RATON FL 33487**

Mailing Address

**139 MOHIGAN CIRCLE
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0999989**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fes Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORETTI, JOSEPH
139 MOHIGAN CIRCLE
BOCA RATON FL 33487**

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

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

JOSEPH A. MORETTI

ITS: MEMBER

DATE

4/8/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MORETTI, JOSEPH
1225 S FLAGLER AVENUE #310
POMPANO BEACH FL 33060**

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED JOSEPH A. MORETTI

4/8/03

561-989-0458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)