

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90114 018 ***400.00

DOCUMENT # L01000012842

1. Entity Name
POTTER VIDEO, LLC

Principal Place of Business Mailing Address
779 E. MERRITT ISLAND CAUSEWAY, PMB 805 **779 E. MERRITT ISLAND CAUSEWAY, PMB 805**
MERRITT ISLAND FL 32952 **MERRITT ISLAND FL 32952**

2. Principal Place of Business Suite, Apt. #, etc.
 City & State

3. Mailing Address Suite, Apt. #, etc.
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59 31352 56** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARKEY & FOWLER, PA
25 MCLEOD ST.
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **Robert McGee**
 STREET ADDRESS **779 E Merritt Island Cswy**
 CITY-ST-ZIP **Merritt Island FL 32952**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Search Ministries A Corporation Sole**
 STREET ADDRESS **1325 Shady Lane**
 CITY-ST-ZIP **Merritt Island FL 32952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *Robert McGee* **REQUIRED**

8-29-2002

321 863407

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

Date

Daytime Phone #

CR2E083 (9/01)