

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0005728

DOCUMENT # L02000023718

1. Entity Name

VIDEO UNIVERSE SALES & RENTALS LLC



FILED

03 SEP 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2230 GULF GATE DRIVE
SARASOTA FL 34231

Mailing Address

2230 GULF GATE DRIVE
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, JEFFREY M
527 BAYSIDE WAY
NOKOMIS FL 34275

Name

Street Address (P.O. Box Number is Not Acceptable)

900023419739
09/30/03--01035--002 **50.00

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME THOMPSON, JEFFREY M
STREET ADDRESS 527 BAYSIDE WAY
CITY-ST-ZIP NOKOMIS FL 34275

TITLE PRES. ☒ Change ☐ Addition
NAME THOMPSON, JEFFREY M.
STREET ADDRESS 527 BAYSIDE WAY
CITY-ST-ZIP NOKOMIS FL 34275

TITLE MGR ☐ Delete
NAME BAUM, KEN
STREET ADDRESS 10815 WINDING STREAM WAY
CITY-ST-ZIP BRADENTON FL 34212

TITLE VICE PRES. ☒ Change ☐ Addition
NAME BAUM, KEN
STREET ADDRESS 10815 WINDING STREAMWAY
CITY-ST-ZIP BRADENTON, FL 34212

TITLE MGR ☒ Delete
NAME MCCracken, CAROL A
STREET ADDRESS 527 BAYSIDE WAY
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Jeffrey M. Thompson **SIGNATURE REQUIRED**

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

9/24/03 (94) 924-9261

Date

Daytime Phone #

CFR2E083 (4/03)