

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

DOCUMENT # M40063

1. Entity Name

Viden Corporation



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUN -2 PM 4:56

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 S.W. 1st Avenue

3. Mailing Address
300 S.W. 1st Avenue

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

4. FEI Number

06-1248936

Applied For

Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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800020320118
06/02/03--01085--007 **550.00

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Shelley W. Shelley

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

300 S.W. 1st Avenue, Suite 103

City
Ft. Lauderdale

FL

Zip Code
33301

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

Shelley W. Shelley

5/8/03

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

(NOTE: Registered Agent Signature Required when Terminating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P/D: Shelley W. Shelley	300 S.W. 1st Avenue, Suite 103	Ft. Lauderdale, Florida 33301
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	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelley W. Shelley, President

5/8/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Page 1

CR2E0345 (12/02)

May 27, 2003

Florida Department Of State
Division Of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

I have found this application and check among my files. I realize that this document was absent from my initial filings earlier this month. Please accept the enclosed application and check at this time.

Thank you for you assistance in this matter.

Sincerely,



Shelley W. Shelley
