2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M65437

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA VIDEO CONTROL. INC

FILED Feb 28, 2002 8:00 AM Secretary of State

| Littly Nan | ie. PLORIDA | VIDEO CONTROL, INC. | | | | |
|---|---|--|---|--|-------------------------------------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| 4816 ELLIC PO BOX 18 BATAVIA, N | 34 | is | 108 OLD D DUNCAN, | OMINION RD: SC 29334 | us | |
| Current Mailing Address: | | | New Mailii | New Mailing Address: | | |
| PO BOX 17 SPARTANE | 70265 BURG, SC 293 | 3010024 US | | | | |
| FEI Number: | 16-1316586 | FEI Number Applied For() | FEI Number Not Appli | cable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| SUITE 610 3300 UNIVE | I, CASEY WILL ERSITY DRIVE RINGS, FL 33 | | | | | |
| The above in the State | | ubmits this statement for the pu | rpose of changing it | s registered o | ffice or registered agent, or both, | |
| SIGNATUR | | | | | | |
| | Electroni | c Signature of Registered Ager | it | | Date | |
| | | satisfy its Intangible Tax filing requi Trust Fund Contribution (). | rement and elects to d | o so (X). | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | TUXFORD, JAY PO BOX 170265 | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | TUXFORD, JAY P.O. BOX 17026 | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: | S () LAPORTE, STEF 9184 COLEMAN | | Title: Name: Address: | S (X) TUXFORD, STE P.O. BOX 1702 | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAY W. TUXFORD P 02/28/2002

() Delete

LAPORTE, STÉPHANIE

9184 COLEMAN ROAD

BARKER, NY 14012 US

(X) Change () Addition

TUXFORD, STÉPHANIE

SPARTANBURG, SC 29301 US

P.O BOX 170265