2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN 08 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 38419

1. Entity Name
FLORIDA INSTITUTE OF VIDEO EDUCATION, INC ✓

Principal Place of Business / Mailing Address

2. Principal Place of Business
1225 BENNETT DR
Suite, Apt. #, etc. 146
City & State LONGWOOD FL
Zip 32750 Country USA

3. Mailing Address
Suite, Apt. #, etc. BOX 788
City & State PLYMOUTH FL
Zip 32768 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3045552 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAREN BUSEY
BOX 788 3800 HIDEAWAY RD
PLYMOUTH FL 32768

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BIRNS, BRAD 1833 BONAVENTURE CT APOPKA FL ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BUSEY, KAREN BOX 1054 PLYMOUTH FL 32768 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOLDEN, MICHAEL BOX 1054 PLYMOUTH FL 32768 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004[illegible]-8 07/13/01--01103--023 *****61.25 *****61.25
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CR2E007 (11/00)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/01 4078807919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #