2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# N38419

Entity Name: FLORIDA INSTITUTE OF VIDEO EDUCATION, INC.

Current Principal Place of Business:

1225 BENNETT DR
SUITE 146
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

BOX 788
PLYMOUTH, FL 32768 US

New Mailing Address:

BOX 1187
PLYMOUTH, FL 32768 US

FEI Number: 59-3045552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSEY, KAREN
3800 HIDEAWAY ROAD
PLYMOUTH, FL 32768 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BIRNS, SID,
Address: 1833 BONNERLY CIR.
City-St-Zip: APOPKA, FL

Title: D ( ) Delete
Name: BUSEY, KAREN
Address: BOX 1054
City-St-Zip: PLYMOUTH, FL

Title: D ( ) Delete
Name: SHULMAN, MICHAEL
Address: BOX 1054
City-St-Zip: PLYMOUTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BIRNS, SID,
Address: 1833 BONNERLY CIR.
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: BUSEY, KAREN
Address: BOX 1187
City-St-Zip: PLYMOUTH, FL 32768

Title: D (X) Change ( ) Addition
Name: SHULMAN, MICHAEL
Address: BOX 1187
City-St-Zip: PLYMOUTH, FL 32768

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHULMAN, MICHAEL D 04/29/2002

Electronic Signature of Signing Officer or Director — Date