

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38419

FILED
May 07, 2004
Secretary of State

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 1187
PLYMOUTH, FL 32768 US

New Mailing Address:

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 32712

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SHULMAN

D

05/07/2004

Electronic Signature of Signing Officer or Director

Date