1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90217 018 \*\*\*\*61.25

## DOCUMENT # N9600004122

1. Corporation Name

THE ENVISION CHANNEL, INC.

Principal Place of Business

Mailing Address

Zip

1900 MAIN STREET, STE. 303 SARASOTA FL 34236

HARRELL, DONALD J

1776 RINGLING BLVD

SARASOTA FL 34236

Zip

24

1900 MAIN STREET, STE. 903 SARASOTA FL 34236

2.	Principal Place of Business	2a. Mailing Address	<ol><li>Date Incorporated or Qualified</li></ol>	
21		26	07/24/1996	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22		27	65-0690358	Not Applicable
	City & State	City & State	5. Certifcate of Status Desired	\$8.75 Additional
22		اعدا	5. Certificate of Status Desired	Fee Required

Country

25 29 9. Name and Address of Current Registered Agent

Country

Street Address (P.O. Box Number is Not Acceptable) 83 City

Trust Fund Contribution 10. Name and Address of New Registered Agent

6. Election Campaign Financing

Added to Fees

\$5.00 May Be

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	abbopt me a	,	
SIGNATI IRE			

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SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent signature r	equired when reinstating)	ATE	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	BERGS, ROBERT L		1.2 NAME			
STREET ADDRESS	1900 MAIN ST., STE 303		1.3 STREET ADDRESS			}
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		🂢 Change	Addition
NAME	GIARRANA, VALERIE A		2.2 NAME	a = aa = > SL att 303		
STREET ADDRESS	3830 MALEC CR.		2.3 STREET ADDRESS	1900 Maun 01. 4-203		
CITY-ST-ZIP	SARASOTA FL 34233	_	2. 4 CITY-ST-ZIP	1900 main St. #303 Sarasota, PC 3107	36	
TITLE	D	☐ DELETE	3.1 TITLE		🔀 Change	☐ Addition
NAME	BERES, MARK J		3.2 NAME	Liver Blod #	350	
STREET ADDRESS	423 BURNS CT.		3.3 STREET ADDRESS	560 Villag Blvd # W Palm Boh. Fl	.1	
CITY-ST-ZIP	SARASOTA FL 34236		3.4. CITY-ST-ZIP	w talm bch, te	<u> 33 109                                    </u>	
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAMÉ			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP		·	
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 annual report or supplemental annual 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 curpor atom, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**