2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90287 047 ****61.25

94054904

DOCUMENT # N96000004122

1. Entity Name
THE ENVISION CHANNEL, INC.

Principal Place of Business
3988 MANATEE AVENUE EAST
SUITE 2C
BRADENTON, FL 34208

Mailing Address
3988 MANATEE AVENUE EAST
SUITE 2C
BRADENTON, FL 34208

03092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0690358 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HARRELL, DONALD J
1776 RINGLING BLVD
SARASOTA, FL 34236

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BERGS, ROBERT L	NAME	
STREET ADDRESS	1900 MAIN ST., STE 303	STREET ADDRESS	3988 Manatee Ave East, #2C
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Bradenton, FL 34208
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BERES, MARK J	NAME	
STREET ADDRESS	560 VILLAGE BLVD #350	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAMUELS, IONIE V	NAME	
STREET ADDRESS	1241 FRUITVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ / 3/20/04 / 941 809 5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #