

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000038250**

1. Entity Name

V-9 VIDEO, INCORPORATED

Principal Place of Business

4328 HAWKS NEST DR.
LUTZ FL 33549

Mailing Address

4328 HAWKS NEST DR.
LUTZ FL 33549

2. Principal Place of Business

2109 PALM AVENUE

Suite, Apt. #, etc.

101

City & State

TAMPA FL

Zip

33605

Country

3. Mailing Address

2109 PALM AVENUE

Suite, Apt. #, etc.

101

City & State

TAMPA FL

Zip

33605

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3650457

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**--- ABRAMSCHMITT, DEA ---
2669 FOREST HILL BLVD., STE. 224
LAKESHORE OFFICE PARK
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name **STEPHEN J. HARPER**

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

2109 PALM AVE. SUITE 101City **TAMPA****FL**Zip Code **33605**

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PRESIDENT
STEVE HARPER
4328 HAWKS NEST DRIVE
LUTZ FL 33549-2754**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**VICE PRESIDENT
ALEX ROTTENBERG
478 25TH AVENUE N.
ST. PETERSBURG FL 33704**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEPHEN HARPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

B13.242-6980

Daytime Phone #

CR2E034 (10/00)