

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000087324**

1. Entity Name

EARTH VIEW ENTERTAINMENT INC.**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90347 034 ***158.75

Principal Place of Business

POST OFFICE BOX 291880
PORT ORANGE FL 32129-1880

Mailing Address

POST OFFICE BOX 291880
PORT ORANGE FL 32129-1880

2. Principal Place of Business

537 Deltona Blvd.Suite, Apt. #, etc.
Suite 201

3. Mailing Address

P.O. Box 952107

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Lake Mary, FL

4. FEI Number

59-3683424

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32795-2107

Country

Seminole5. Certificate of Status Desired ☒**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLONIG, JOHN
393 LAKEVIEW AVENUE
LAKE MARY FL 32746

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MILLONIG, JOHN									
	393 LAKEVIEW AVENUE									
	LAKE MARY FL 32746									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

407 860 2930

Daytime Phone #

CR2E034 (10/00)