

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087324

1. Entity Name
EARTH VIEW ENTERTAINMENT INC.

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
619 NEWPORT AVENUE
Suite, Apt. #, etc.
STE 201

3. Mailing Address
P.O. BOX 952107
Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FL
Zip
32701-6331
Country
US

City & State
Lake Mary, FL
Zip
32795-2107
Country
US

4. FEI Number
59-3683424

Applied For
Not Applicable

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

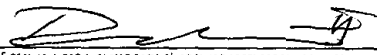
6. Name and Address of Current Registered Agent

MILLONIG, JOHN
393 LAKEVIEW AVENUE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name
DAVID A. NORMAN II
Street Address (P.O. Box Number is Not Acceptable)
619 NEWPORT AVENUE
City
ALTAMONTE SPRINGS FL
Zip Code
32701-6331

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 

10-15-01

Signature of Current Registered Agent and the Registrant

NOTE: Registered Agent signature required when registering

DATE

9. This corporation is eligible to satisfy its 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

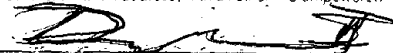
11. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	MILLONIG, JOHN	
STREET ADDRESS	393 LAKEVIEW AVENUE	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DAVID A. NORMAN II	☐ Change ☒ Addition
NAME	619 NEWPORT AVENUE	
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32701-6331	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 as changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

10-15-01

AMENDED

FILED

01 NOV -2 PM 5:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE