2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P00000087324

1. Entity Name

EARTH VIEW ENTERTAINMENT INC.

FILED
01 NOV -2 PM 5:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
POST OFFICE BOX 291880 PORT ORANGE FL 32129-1880	POST OFFICE BOX 291880 PORT ORANGE FL 32129-1880

2. Principal Place of Business	3. Mailing Address
619 NEWPORT AVENUE Suite, Apt. #, etc.	P.O. Box 952107 Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS, FL	City & State: Lake Mary, FL
Zip: 32701-6331 Country: US	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: [signature] 10-15-01
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) X

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		12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	D	☐ Delete	☐ Change ☐ Addition
NAME	MILLONIG, JOHN		
STREET ADDRESS	393 LAKEVIEW AVENUE		
CITY-ST-ZIP	LAKE MARY FL 32746		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			DAVID A. NORMAN II
STREET ADDRESS			619 NEWPORT AVENUE
CITY-ST-ZIP			ALTAMONTE SPRINGS, FL 32701-6331
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			000004719470--9
STREET ADDRESS			-12/11/01--01090--002
CITY-ST-ZIP			*****61.25 *****61.25
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-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 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: [signature] 10-15-01
SIGNATURE AND TYPED OR PRINTED NAME OF EVENING OFFICER OR DIRECTOR