

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90015 027 ***150.00

DOCUMENT # P00000087324

1. Entity Name

EARTH VIEW ENTERTAINMENT INC.



Principal Place of Business

**537 DELTONA BLVD
 STE 201
 DELTONA FL 32725**

Mailing Address

**POST OFFICE BOX 952107
 LAKE MARY FL 32795-2107**

BU095149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

619 NEWPORT AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

4. FEI Number

59-3683424

Applied For

Not Applicable

Zip

32701

Country

Zip

Country

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 NORMAN

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

619 NEWPORT AVENUE

City

ALTAMONTE SPRINGS

FL

Zip Code

32701

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/22/2002

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	MILLONIG, JOHN	
STREET ADDRESS	393 LAKEVIEW AVENUE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DAVID NORMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID NORMAN	
STREET ADDRESS	619 NEWPORT AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FLORIDA 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

Daytime Phone #

CR2E034 (9/01)