

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 039 ***150.00

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DOCUMENT # P00000107213

1. Entity Name
INVUE MULTIMEDIA, INC.



Principal Place of Business
1330 JACKSON ST
HOLLYWOOD FL 33019

Mailing Address
1330 JACKSON ST
HOLLYWOOD FL 33019

2. Principal Place of Business
1322 JEFFERSON ST.
Suite, Apt. #, etc.

3. Mailing Address
1322 JEFFERSON ST.
Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number 65-1076930

Applied For
Not Applicable

Zip 33019 **Country** USA

Zip 33019 **Country** USA

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
2130 SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name TAL MAZOR
Street Address (P.O. Box Number is Not Acceptable) 1322 JEFFERSON ST.
City HOLLYWOOD **FL** **Zip Code** 33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE TAL MAZOR **TAL MAZOR, DP** **4/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DP ☒ **Delete**
NAME FRANKEL, ADAM
STREET ADDRESS 3805 N.E. 170TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE D ☐ **Delete**
NAME MAZOR, TAL JOSEPH
STREET ADDRESS 1330 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ **Change** ☐ **Addition**
NAME MAZOR, TAL
STREET ADDRESS 1322 JEFFERSON ST.
CITY-ST-ZIP HOLLYWOOD-FL-33019

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAL MAZOR, DP **4/25/03** **954-559-6977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)