2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000027229 **DOCUMENT #**



FILED Apr 24, 2003 8:00 am Secretary of State

TRAVEL VIDEO INTERNATIONAL, INC.					04-24-2003 90204 030 ***150.00		
Principal Plac 1123 BELLAD BRANDON FL		Mailing Address 1123 BELLADONNA DR. BRANDON FL 33510	1				
2 Principal F	Place of Rusiness	3. Mailing Address					
5005 WEST LAUREL ST 5005 West Lau				usel St			
Suite, Apt.	. #, etc.	Suite, Apt. # etc.			CHECK HERE IF MAK		
City & Stat	AFL	City & State TAMPA F			4. FEI Number 59-3703859	No	plied For t Applicable
33607	Country	33607	Count	ry 	5. Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Name #/					7. Name and Address of New Registered Agent		
MORILAK, KENNETH J				Name MARTIN NEMEC			
4805 WEST LAUREL STREET STE 250				Street Address (P.O. Box Number is Not Acceptable) ST # // J			
TAMPA F	L 33607						
	•	_		City TAM	> <u>A</u>	FL Zinggo	307
8. The above named entity submits this statement for the surpose 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 Signature, typed or printed name of register sagent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
ı	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing		О Мау Ве
Afte	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			 Election Campaign Financing Trust Fund Contribution. 		May Be to Fees
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND D	DIRECTORS	11.			☐ Added	to Fees
Make Check 10.	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND D		TITLE	PHA	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS To Change	to Fees S IN 11 Addition
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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 the empowered.

SIGNATURE:

ESUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR