## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P01000031840

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90544 032 \*\*\*150.00

04-26-2003 90344 032	130.

28 W OTRUS STREET ALTAMONTE SPRINGS FL 32714  B. The above named entity submits this basinement for the purpose of changing its registered office or registered agent, or both, in the Suffice of Rocks, it am familiar with, and about the obligations of impleased agent, and office or registered agent, or both, in the Suffice of Rocks, it am familiar with, and about the obligations of impleased agent, and obligations of impleased agent and obligations of impleased agent, and obligations of impleased a	NVUS FILMS, INC.				7				
Sulfe, Apt. #, otic.    Cay & State   Cay &	Principal Place of Business 281 W CITRUS STREET ALTAMONTE SPRINGS FL 32714	281 W CITRUS STREET							
Sulfe, Apt. #, otic.    Cay & State   Cay &									
City & State  Country  A, FEI Number 59-3716542  A, FEI Number 59-3716542  Applied For hot Applicable of Note	2. Principal Place of Business	3. Mailing Address			7	1 10011001 111 30101 11011 00111 00111 00111	<b>.</b>	11011 <b>0</b> 011 1031	
City & State  Cay & State  Cay & State  Cay & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Cartificate of Status Desired  Sa.75 Additionable Fee Regulatered Agent  Name  And Address of Current Registered Agent  Name  City  Altamonic Springs  FL  Zig  Altamonic Springs  Altamonic Spri	Suite, Apt. #, etc.	Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES			
Zip   Country   Zip   Country   S. Carificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Addition   \$8.75 Ad	City & State	City & State			4. 1	CC I Ni mala an	Ap		
6. Name and Address of Current Registered Agent  NICHOLS, BRITT  281 W CITRUS STREET  ALTAMONTE SPRINGS FL 32714  8. The above named entity submits this statement for the purpose of changing fix registered office or registered agent, or both in the Sude of Florida. I am familiar with, and accept the obligations of refininged agent.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NICHOLS, BRITT  SIREH AUDRESS  281 W CITRUS STREET 2  WCK, KERRY L  SIREH AUDRESS  CITY-S1-2P  ALTAMONTE SPRINGS FL 32714  THE  WCK  SIREH AUDRESS  CITY-S1-2P  ALTAMONTE SPRINGS FL 32714  THE  CITY S1-2P  CHARGE  CH	Zip Country	Zip Country			5. (	<u> </u>	<b>\$8.75</b> Add	ditional	
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ALTAMONTE SPRINGS FL 32714  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Suffe of Florida. I am familiar with, and accept the obligations of refisiesyed agent.  SIGNATURE:  Signary byte as purpose or or spatial point of parties of agent and acceptation.  FILE NOWIT! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  MAKE  NICHOLS, BRITT  SIREET ADDRESS  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS  CITY	•			Street Address	(P.O. B	(P.O. Box Numbar is Not Acceptable)			
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SIGNATURE    Signature   Signa	8. The above named entity submits this statement for	the purpose of changing its r	registere				/-	and accept	
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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	CITY-ST-ZIP								

indicated on this report or supplied with this mining does not qualify or the exemption stated in decition 119.07(3)(i), Profide Statutes. Further certify that the information indicated on this report or suppliemental 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:** 

WIIRED OR PRIJITED NAME OF SIGNING OFFICER OR DIRECTOR