200	2-UNIFO	RM BUSI	NESS REPO	RT (	UB	R)				
DOCUMENT # P01000042763  1. Entity Name INVISION MULTIMEDIA, INC.					<u>,,</u> -		05 6 G BED 0 02 SEP 20 AM 8	9028	35 oo	
							02 SEP 20 AM 8	: 54	150	
Principal Place of Business 4827 PEMBROKE ROAD HOLLYWOOD FL 33021			Mailing Address 4827 PEMBROKE ROAD HOLLYWOOD FL 33021				( DESCRETATION OF ST	ATE ~)		
2. Principal f	Place of Business		3. Mailing Address							
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State		4.	FEI Number 65 - 1.098349	<del></del>	pplied For ot Applicable		
Zìp —	Country  6. Name and Address of Current F		Zip Cou		·	5. Certificate of Status Desired   \$8.75 Additional Fee Required			ditional ed	
·	b. Name and /	egistered Agent	Name		7.	Name and Address of New Register	ed Agent			
KOPROWSKI, PAUL A 10031 PINES BOULEVARD #224					Street Address (P.O. Box Number is Not Acceptable)					
PEMBROKE PINES FL 33024								<u> </u>		
					City	<u> </u>		Zip Cod		
8. The above the obligat	named entity subnitions of registered a	nits this statement for t gent.	he purpose of changing its	registered	office o	r registered ac	gent, or both, in the State of Florida. 1	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printe	d name of registered agent and	d title if applicable. (NOTE:	: Registered A	gent signal	ure required when re	einstating) DA	л <u></u>		
Tax filing i	oration is eligible to requirement and ele ria on back)	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State			e \$750.00	Election Campaign Financing     Trust Fund Contribution.		O May Be		
11.		OFFICERS AND D		12.		/ F	.L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODMERKEL, 906 N.W. 100TI PEMBROKE PIN	i avenue	☐ Delete	TITLE NAME STREET A		Presid		- Enange	Addition	
TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET A CITY-ST-	.doress -zip	John J.1 4839	Officer Change Badd John J. Barker 4839 S.W. 148th Ave #211 DAVIE, FL 32330			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete		TITLE NAME STREET A CITY-ST-	DDRESS	DAVIE, FL 32330  OFFICER BARRY HOLKENSTEIN 3471 Emercial Oaks Dr Hollywood, FL 33021			Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	DORESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP			☐ Delete	TITLE NAME STREET AL CITY-ST-		***		☐ Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET AL				☐ Change	Addition	

SIGNATURE: SUMMUST NOT Sept 9/02 954-966-9700

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.