

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054341

1. Entity Name

ENTERTAINMENT DIGITAL NETWORK, INC.

VISUALDATA SAN FRANCISCO INC. DBA

Principal Place of Business

1291 SW 29TH AVENUE
POMPANO BEACH FL 33069

Mailing Address

1291 SW 29TH AVENUE
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-111438

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MAYERSOHN, JOEL D
350 E LAS OLAS BLVD SUITE 1700
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PCEO	SELMAN, RANDY S	1291 SW 29TH AVE	POMPANO BEACH FL 33069	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
VPT	SAPERSTEIN, ALAN	1291 SW 29TH AVE	POMPANO BEACH FL 33069	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DS	JACOBS, ERIC	1291 SW 29TH AVENUE	POMPANO BEACH FL 33069	☐

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-27-2002 90498 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)