


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 019 ***150.00

0367188 AV

DOCUMENT # P01000083944	
1. Entity Name INFINITE ENTERTAINMENT AV INC.	

Principal Place of Business 113 PRADO ST. ROYAL PALM BEACH FL 33411	Mailing Address 113 PRADO ST. ROYAL PALM BEACH FL 33411
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2. Principal Place of Business 3950 Fieldview Way Suite, Apt. #, etc.	3. Mailing Address 3950 Fieldview Way Suite, Apt. #, etc.
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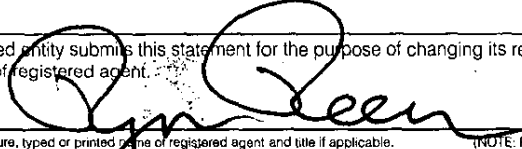
City & State Wellington, FL Zip 33414	Country Palm Beach	City & State Wellington, FL Zip 33414	Country Palm Beach
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4. FEI Number 65-1136014	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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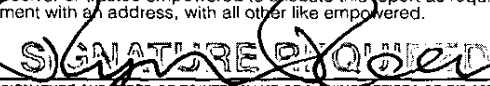
6. Name and Address of Current Registered Agent HOLTZ, TAMMY 113 PRADO ST. ROYAL PALM BEACH FL 33411
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7. Name and Address of New Registered Agent	
Name Ryan Reeves	
Street Address (P.O. Box Number is Not Acceptable) 810 N. A St.	
City Lake Worth	FL Zip Code 33460

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 	DATE 4/16/03

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLTZ, MARK S		NAME Mark Cunningham	
STREET ADDRESS 113 PRADO ST.		STREET ADDRESS 3950 Fieldview way	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411		CITY-ST-ZIP Wellington, FL 33414	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHURCH, MICHAEL		NAME Ryan Reeves	
STREET ADDRESS 2161 S.W. BURLINGTON ST.		STREET ADDRESS 810 N A St.	
CITY-ST-ZIP PORT SAINT LUCIE FL 34984		CITY-ST-ZIP Lake Worth FL 33460	
TITLE S	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLTZ, TAMMY S		NAME Mark Holtz	
STREET ADDRESS 113 PRADO ST.		STREET ADDRESS 12512 42nd St N	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411		CITY-ST-ZIP Royal Palm Acres 33411	
TITLE	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME Tammy Holtz	
STREET ADDRESS		STREET ADDRESS 11512 41st court	
CITY-ST-ZIP		CITY-ST-ZIP Royal Palm Beach Acres 33411	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 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: 	DATE 4/16/03 DAYTIME PHONE # 561-352-1717

CR2E034 (10/02)