

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

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90025 003 \*\*\*150.00

DOCUMENT # P02000004830

1. Entity Name

INTEGRITY VIDEO, INC.

**DO NOT WRITE IN THIS SPACE**

60000998

2. Principal Place of Business  
450-106 STATE RD 13 N

3. Mailing Address  
450-106 STATE RD 13 N

Suite, Apt. #, etc.  
#108

Suite, Apt. #, etc.  
#108

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. FEI Number  
30-0030867

Applied For  
Not Applicable

Zip  
32259

Country  
U.S.A.

Zip  
32259

Country  
U.S.A.

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ROBERT MICHAEL BALLEW

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

721 AUSTIN PLACE

City JACKSONVILLE FL Zip Code 32259

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

TITLE P/V/T/S  
NAME ROBERT MICHAEL BALLEW  
STREET ADDRESS 721 AUSTIN PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32259

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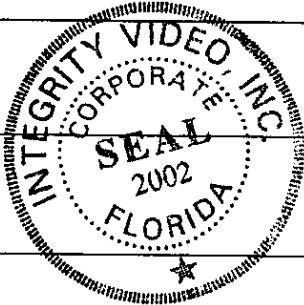
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**DO NOT WRITE  
IN THIS SPACE**



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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 2, 2003 904-287-4933

Date

Daytime Phone

CR2E034B (12/01)