

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

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

05-05-2003 91780 038 ***150.00

DOCUMENT # **P02000015018**

1. Entity Name

Video and Sound -X-perience



DO NOT WRITE IN THIS SPACE

11041260

2. Principal Place of Business
226 SE Walsh Terrace

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie, FL

City & State

4. FEI Number
38-3642387

Applied For
☐ Not Applicable

Zip
34983

Country
USA

Zip

Country

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 **Heather Green**

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

226 SE Walsh Terrace

City **Port St. Lucie**

FL

Zip Code
34983

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

Heather Green V.P.

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

(NOTE: Registered Agent signature required when reinstating)

4-01-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President Scott Green
226 SE Walsh Terrace
Port St. Lucie, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Vice President Heather Green
226 SE Walsh Terrace
Port St. Lucie, FL 34983**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

Heather Green V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-03

Date

Daytime Phone #

772.336-7777

CR2E034B (12/02)