## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P02000069262



Mar 24, 2003 8:00 am & Secretary of State

1. Entity Name IN VIDEO, INC.					03-24-2003 9	0159 015 ***150	0.00	
Principal Place of Business 20566 SW 2ND ST		ing Address	•					
PEMBROKE PINES FL 33029		66 SW 2ND ST Broke Pines FL 3302	9			• ,		
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- ma -		********	•					
2. Principal Place of Business	4 57. PC	Address 25	37613				, 01118 (181 1891	
Suite, Apt. #, etc.	50	ite, Apt. #, etc.			☐ CHECK HERE IF	MAKING CHANGES	3	
Penbroke Pin	les Le	y & State Swbroke	Piñes, FL	<b>4.</b> F8	75-310	3160 A	pplied For lot Applicable	]
Zip 33029 Cour	otry Str. Zin	3029	Country	<b>5</b> . C	ertificate of Status Desired	See Require		
6. Name and Ad	idress of Current Register	red Agent			ame and Address of New Reg	gistered Agent		1
MEDVIN, ANDREW R					es Urrutia			
6330 SW 41ST CT			Street Addre	ess (P.O. Bo	x Number is Not Acceptable)	<del></del>		]
DAVIE FL 33333-14			2056	6 SW	2×4 S+			1
					Ke Pines	FL Zip Coo	<b>শ্বতপ্র</b>	
8. The above named entity submit	ts this statement for the pur	pose of changing its re				هم ا da. I am familiar with,	, and accept	1
the obligations of registered ag	ent.		Je					
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SIGNATURE Senature broad or a band	es Ucratia	antian laboratoria		2	03	3/20/0	<u>3</u>	
Signature, typed or printed r	es Untile	oplicable. (NOTE: I	Registerer gant signature rec	quired when rein	Stating)	3 /20/0°	3	
Signature, typed or protect or FILE NOW!!! FEE	IS \$150.00	oplicable. NOTE: I	Registerer Julius signature rec	quired when rein	9. Election Campaign Finan	noing \$5.0	<b>5 00</b> May Be	
Signature, typed or printed r	IS \$150.00 will be \$550.00	TROTE: (	Registeregis della signature rec	quired when rein		noing \$5.0	00 May Be	
FILE NOW!!! FEE After May 1, 2003 Fee	IS \$150.00 will be \$550.00		Registered Writ signature red		9. Election Campaign Finan	oate  noing \$5.0  Adden	d to Fees	
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12. Thereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition