2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000112357

1. Entity Name YATEVISION, INC.



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

05-05-2003 92202 028 ***150.00

Principal Place of Business 3276 NE CATAMARAN TERRACE 3276 NE CATAMARAN TERRACE 3276 NE CATAMARAN TERRAC JENSEN BEACH FL 34957 JENSEN BEACH FL 34957			RRACE				
2. Principal Place of Business 742 NE Janson Blue 742 NE Janson					 	01111 1 96 1 1081	
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAK	ING CHANGES		
City & Stat	neen Bench	City & State Server &	each	4. FEI Number 30-0154887		pplied For t Applicable	
3'49	57 Country	3475-7	Country	5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Register	ed Agent		
	,		Name			7	
REGISTERED AGENTS INT'L INC 921 SE CENTRAL PARKWAY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
STUART FL 34994							
			City	F	Zip Code	э	
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.							
CICNATURE 3							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN						S IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change	Addition	
NAME	YATES, SAM		NAME				
STREET ADDRESS	3276 NE CATAMARAN TERR		STREET ADDRESS			}	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP				
TITLE NAME	D VATES MADIE	☐ Delete	TITLE NAME		Change	☐ Addition	
STREET ADDRESS	YATES, MARIE 3276 NE CATAMARAN TERR		STREET ADDRESS			1	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP			{	
TITLE	D	☐ Delete	TITLE		☐ Change	[] Addition	
NAME	SCOTT, PORTIA B	,	NAME		_ ,	_	
STREET ADDRESS	308 DYER DR		STREET ADDRESS			1	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			Į	
CITY-ST-ZIP			CITY-ST-ZIP			ĺ	

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition