

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90211 027 \*\*\*150.00

000489 AT

**DOCUMENT # P02000134544**

1. Entity Name  
**MUVIDO INC.**



Principal Place of Business  
**1705 N. RIVERSIDE DRIVE**  
**6**  
**POMPANO FL 33062**

Mailing Address  
**1705 N. RIVERSIDE DRIVE**  
**6**  
**POMPANO FL 33062**

2. Principal Place of Business

**225 NE MIZNER BOULEVARD**

3. Mailing Address

**225 NE MIZNER BLVD**

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

**300**

City & State

**BOCA RATON, FLORIDA**

City & State

**BOCA RATON, FLORIDA**

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

4. FEI Number

**51-6435584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COYOTE ACCOUNTING, INC.**  
**12228-2 SAG HARBOR COURT**  
**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **APRIL VILLAROSE**

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

**225 NE MIZNER BOULEVARD**

**SUITE # 300**

City

**BOCA RATON**

FL

Zip Code

**33432**

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

*[Signature]*

**APRIL VILLAROSE**

**5/1/2003**

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **VILLAROSE, APRIL**  
STREET ADDRESS **1705 N. RIVERSIDE DRIVE #6**  
CITY-ST-ZIP **POMPANO FL 33062**

TITLE **VP** ☐ Delete  
NAME **MUNROE, MARK**  
STREET ADDRESS **8749 VENTURE CENTER WAY #6106**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **TS** ☒ Delete  
NAME **DONGILLA, THOMAS**  
STREET ADDRESS **872 WELLINGTON DRIVE**  
CITY-ST-ZIP **WELLINGTON FL 33414** **N/A**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **VILLAROSE, APRIL**  
STREET ADDRESS **225 NE MIZNER BLVD SUITE #300**  
CITY-ST-ZIP **BOCA RATON, FLORIDA 33432**

TITLE ☒ Change ☐ Addition  
NAME **VPTREASURER**  
NAME **MUNROE, MARK**  
STREET ADDRESS **225 NE MIZNER BLVD SUITE #300**  
CITY-ST-ZIP **BOCA RATON, FLORIDA 33432**

TITLE ☒ Change ☐ Addition  
NAME **N/A**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/2003**  
Date

**(561) 620-3219**  
Daytime Phone #

CR2E034 (10/02)