

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90004 003 ***550.00

DOCUMENT # P93000014802

1. Entity Name

MEDVISOR PRODUCTIONS, INC. ✓

Principal Place of Business

Mailing Address

3775 MYKONOS CT
 BOCA RATON FL 33487
 US

3775 MYKONOS CT
 BOCA RATON FL 33487-1284
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0479656

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARLING, HARVEY H
6100 GLADES ROAD
SUITE 201
BOCA RATON FL 33434

Name **Schwibner, Janet**

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

3775 Mykonos Ct

City **Boca Raton**

FL

Zip Code **33487**

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 Janet Schwibner

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

Janet Schwibner

(NOTE: Registered Agent signature required when reinstating)

6/23/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TDSD** Delete
 NAME **SCHWARTZ, ROBYN**
 STREET ADDRESS **3775 MYKONOS CT.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **TDSD** Change Addition
 NAME **Schwibner, Janet**
 STREET ADDRESS **3775 Mykonos Ct**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **PD** Delete
 NAME **SCHWIBNER, JANET**
 STREET ADDRESS **3775 MYKONOS CT**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Schwibner Janet Schwibner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/00 - 561-241-9330

Date Daytime Phone #

CR2E034 (9/99)