

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026027

1. Entity Name

NETWORK VIDEO & ENTERTAINMENT, INC.

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90061 050 \*\*\*150.00

Principal Place of Business

115 D NW RACETRACK RD  
CHOCTAW PLAZA  
FT. WALTON BCH. FL 32547

Mailing Address

115 D NW RACETRACK RD  
CHOCTAW PLAZA  
FT. WALTON BCH. FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3178287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRI, DAN  
5 CLIFFORD DRIVE  
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name DAN Perri

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

7 Eleventh Ave Suite 1

City Shalimar

FL

Zip Code 32579

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

*[Signature]* President

4/10/01

Signature typed or printed name of officer, director, or agent, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

FILE NOW!!! FEES \$150.00  
After MAY 1, 2001 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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	NEWTON, MITCHELL	
STREET ADDRESS	115-D NW RACETRACK ROAD	
CITY- ST- ZIP	FT. WALTON BEACH FL 32578	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TURNER, GARY	
STREET ADDRESS	115-D NW RACETRACK ROAD	
CITY- ST- ZIP	FT. WALTON BEACH FL 32578	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, DON	
STREET ADDRESS	115-D RACETRACK ROAD	
CITY- ST- ZIP	FT. WALTON BEACH FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Mitchell Newton

4/10/01

Date

(850) 863-3301

Telephone

CR2E034 (10/00)