2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P93000026027 1. Entity Name 04-02-2002 90901 030 ***150.00 NETWORK VIDEO & ENTERTAINMENT, INC. Principal Place of Business Mailing Address 115 D NW RACETRACK RD 115 D NW RACETRACK RD **CHOCTAW PLAZA** CHOCTAW PLAZA FT. WALTON BCH. FL 32547 FT. WALTON BCH. FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3178287 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRI, DAN Street Address (P.O. Box Number is Not Acceptable) **4 ELEVENTH AVENUE** SUITE 1 SHALIMAR FL 32579 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE PCD (9/01) ☐ Delete TITLE ☐ Addition NAME NEWTON, MITCHELL NAME STREET ADDRESS 115-D NW RACETRACK ROAD STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32578 CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition NAME TURNER, GARY NAME STREET ADDRESS 115-D NW RACETRACK ROAD STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32578 CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE Change Addition NAME MCKNIGHT, DON NAME STREET ADDRESS 115-D RACETRACK ROAD STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32578 CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

address, with all other like empowered