

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90728 002 \*\*\*150.00

**DOCUMENT #** P93000026027

**1. Entity Name**  
NETWORK VIDEO & ENTERTAINMENT, INC.



**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**  
405 Racepack Rd. NE

**3. Mailing Address**

Suite, Apt. #, etc.  
Suite 101

City & State  
Ft. Walton Beach, FL

Country  
USA

CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3178287

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

PERRI, DAN  
4 ELEVENTH AVENUE  
SUITE 1  
SHALIMAR FL 32579

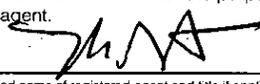
**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

**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:  *Perri* DATE: 2/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

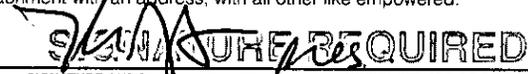
**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 405 RACETRACK Rd NE, Suite 101 Ft. Walton Beach FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 405 RACETRACK Rd NE, Suite 101 Ft. Walton Beach FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 405 RACETRACK Rd NE, Suite 101 Ft. Walton Beach FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 REQUIRED** DATE: 2/28/03 DAYTIME PHONE #: (850) 863 3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREE034 (10/02)