

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90212 037 ***150.00

DOCUMENT # P94000085255

1. Entity Name
DIGITAL VIDEO SYSTEMS, INC.



Principal Place of Business
~~3700 NORTHWEST 114 AVE~~
~~MIAMI FL 33178 1843~~

Mailing Address
~~3700 NORTHWEST 114 AVE~~
~~MIAMI FL 33178 1843~~



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

8280 NW 27 St
Suite, Apt. #, etc.
503/504

City & State
Miami, FL

Zip Country
33122 USA

3. Mailing Address

8280 NW 27 St
Suite, Apt. #, etc.
503/504

City & State
Miami, FL

Zip Country
33122 USA

4. FEI Number 59-1578363

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TYSON, BARBARA

~~3700 NW 114 AVENUE~~
MIAMI FL 33178

8280 NW 27 St
Suite 503/504
miami, FL 33122

7. Name and Address of New Registered Agent

Name

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

8280 NW 27 St
Suite 503/504

City Miami, FL

Zip Code 33122

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 *Barbara Tyson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TYSON, JERROLL R
STREET ADDRESS 3700 N.W. 114 AVENUE
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE STD
NAME TYSON, BARBARA
STREET ADDRESS 3700 N.W. 114 AVENUE
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE VP
NAME NECUZE, JORGE
STREET ADDRESS 3700 N.W. 114 AVENUE
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE VP
NAME GONGORA, ANTONIO
STREET ADDRESS 3700 N.W. 114 AVENUE
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE VP
NAME PINODA, RAFAEL
STREET ADDRESS 3700 NW 114 AVE
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)