2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90060 013 ***150.00

LUU46100

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000023237

1. Entity Name
VISUAL MEDIA TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
17560 FAIRMEADOW DR. TAMPA FL 33647-2500	17560 FAIRMEADOW DR. TAMPA FL 33647-2500

2. Principal Place of Business		3. Mailing Address	
2840 W. BAY DRIVE		2840 W. BAY DRIVE	
Suite, Apt. #, etc. 123		Suite, Apt. #, etc. 123	
City & State BELLEAIR BLUFFS, FL		City & State BELLEAIR BLUFFS, FL	
Zip 33770	Country	Zip 33770	Country

4. FEI Number 59-3311991 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRETT-BULLOCK, SUSAN 17560 FAIRMEADOW DR. TAMPA FL 33647-2500	Name GARRETT-BULLOCK, SUSAN Street Address (P.O. Box Number is Not Acceptable) 16332 GULF BLVD, APT 2A City REDINGTON BEACH FL Zip Code 33708

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 Susan Garrett-Bullock 03-15-2000
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 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 NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT-BULLOCK, SUSAN 17560 FAIRMEADOW DR. TAMPA FL 33647-2500	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT-BULLOCK, SUSAN 16332 GULF BLVD, APT 2A REDINGTON BEACH, FL 33708	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2F034 (9/99)

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: Susan Garrett-Bullock 03-15-2000 (727) 399-9838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #