FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2000 8:00 am Secretary of State DOCUMENT # P95000084315 1. Entity Name E.T.C. VISUALS, INC. 03-06-2000 90060 014 ***150.00 Mailing Address Principal Place of Business 3600 SOUTH CONGRESS AVENUE SOUTH CONGRESS AVENUE ひりりょうしょく BEACH FL 33426 BOYNTON BEACH FL 33426-8411 3. Mailing Address 2. Principal Place of Business 34TH COUNT 34 SW 34TH COURT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For 4. FEI Number City & State 13-3858302 MOTHY BOYNTON BEACH Not Applicable ВO \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRANSTON, EDWARD T Street Address (P.O. Box Number is Not Acceptable) 3600 SOUTH CONGRESS AVENUE **BOYNTON BEACH FL 33426** 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 OFFICK OF FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition ☐ Delete TITLE TITLE CRANSTON, EDWARD T NAME NAME 934 SW 34TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP) **BOYNTON BEACH FL** CITY-ST-ZIP **X** Addition □ Change ☐ Delete TITLE TITLE **BRITTON, RICHARD** NAME NAME STREET ADDRESS 934 SW 34TH COURT STREET ADDRESS CITY-ST(ZIP CITY-ST-ZIP **BOYNTON BEACH FL** Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS 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)(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 address, with all other like empowered. (PRINT NAME) SIGNATURE! Daytime Phone