

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005936

1. Entity Name

PRELUDE HOME VIDEO, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90136 035 ***150.00

Principal Place of Business

1822 BREAKERS WEST COURT
WEST PALM BEACH FL 33411
US

Mailing Address

2760 WHITE WING LN
WEST PALM BEACH FL 33409-2039
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0648739

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

KOCH, MARK W
~~2030 WILDERNESS RD~~ 1822 Breakers West Ct.
WEST PALM BEACH FL ~~33409~~
33411

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.

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
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 PD ☐ Delete
NAME KOCH, MARK W
STREET ADDRESS 2760 WHITE WING LN *new Address*
CITY-ST-ZIP WEST PALM BEACH FL ~~33409~~

TITLE ☒ Change ☐ Addition
NAME KOCH, MARK W.
STREET ADDRESS 1822 Breakers West Ct
CITY-ST-ZIP W.P.B., FL 33411

TITLE VPD ☐ Delete
NAME KOCH, MARILYN
STREET ADDRESS 2760 WHITE WING LN
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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

3/2/00

Date

561-686-2283

Daytime Phone #

CR2E034 (9/99)