

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046651

1. Entity Name

NU VISION ENTERTAINMENT CORPORATION

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91244 005 ***150.00

Principal Place of Business

20 NORTH ORANGE AVE., SUITE 1400
ORLANDO FL 32801
US

Mailing Address

20 NORTH ORANGE AVE., SUITE 1400
ORLANDO FL 32801
US

551696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 SOUTH ORANGE AVE

Suite, Apt. #, etc.

SUITE 1500

City & State

ORLANDO FL

Zip

32801

Country

US

3. Mailing Address

300 SOUTH ORANGE AVE

Suite, Apt. #, etc.

SUITE 1500

City & State

ORLANDO FL

Zip

32801

Country

US

4. FEI Number

59-3382669

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

MISTIE, MARK

24 CIMMERON DR.

PALM COAST FL 32137

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, 2001 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 P ☐ Delete
NAME MISTIE, MARK
STREET ADDRESS 24 CIMMERON DR
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

MARK MISTIE

Date

5/14/01

Daytime Phone #

407-236-9737

CR2E034 (10/00)