FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State
05-30-2003 90085 016 ***150.00

DOCUMENT # P96000091346

1. Entity Name
Silver Screen Video of Ocala Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
184 Marion Oaks Blvd	6252 S.E. 89th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ocala Florida	Ocala Fl.
City & State	City & State
Zip 34473 Country Marion	Zip 34472 Country Marion

DO NOT WRITE IN THIS SPACE

4. FEI Number 593415549 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Michael A. Novella Jr.

Street Address (P.O. Box Number is Not Acceptable) 6252 S.E. 89th St

City Ocala Fl. 34472

FL Zip Code 34472

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael A. Novella Jr. 6252 S.E. 89th St Ocala Fl.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Novella Jr. 5-27-03 352 816-6013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #