2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000093139 DOCUMENT # 1. Entity Name

VIDEO CONNECTION OF FT. PIERCE, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90141 022 ***150.00

Principal Place of Business 2001 \$ US 1 FORT PIERCE FL 34950 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Check Here if Makin Che	\$8.75 A Fee Requi	Applied For Not Applicable additional fred
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Tip Country Street Address of Current Registered Agent Name CHAVES, ROBERT A 2101 CORPORATE BOULEVARD SUITE 107 BOCA RATON FL 33431 City Street Address (P.O. Box Number is Not Acceptable) City FL Street Address of registered agent. Signature, typed or printed name of registered agent and tide if applicable. NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!!, FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND	\$8.75 A Fee Requi	Applied For Not Applicable Additional lired Indee in, and accept
City & State Country Country 5. Certificate of Status Desired Name 7. Name and Address of New Registered Name CHAVES, ROBERT A 2101 CORPORATE BOULEVARD SUITE 107 BOCA RATON FL 33431 City FL 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	\$8.75 A Fee Requi	Applied For Not Applicable Additional fred adde and accept OO May Be
Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Name CHAVES, ROBERT A 2101 CORPORATE BOULEVARD SUITE 107 BOCA RATON FL 33431 Street Address (P.O. Box Number is Not Acceptable) 6. 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	\$8.75 A Fee Requi I Agent Zip Co	Not Applicable additional ired addedon, and accept
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THE AME AME TREET ADDRESS ITY-ST-ZIP 2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutos I further particular in the supplied with this filing does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutos I further particular in the supplied with this filing does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutos I further particular in the supplied with this filing does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutos I further particular in the supplied with this filing does not qualify for the exemption stated in Section 119.07(3Vi).	Change	Addition

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

SIGNATURE: S

ANTURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-466-7853