

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104560

1. Entity Name

EN FOCUS VIDEO PRODUCTION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90015 002 ***150.00

Principal Place of Business

Mailing Address

1365 DOLPHIN ST
ORANGE PARK FL 32073
US

1365 DOLPHIN ST
ORANGE PARK FL 32073-3541
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

59-3435663

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

THOMPSON, KENNETH E
1712 KINGSLEY AVENUE
SUITE 2
ORANGE PARK FL 32073

Name

Thompson Kenneth E

Street Address (P.O. Box Number is Not Acceptable)

1365 Dolphin St.

City

Orange Park

FL

Zip Code

32073

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)

30 April 2000

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 ☐ Delete
NAME D
STREET ADDRESS THOMPSON, KENNETH E
CITY-ST-ZIP 1712 KINGSLEY AVENUE SUITE 2
JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Thompson Kenneth E
CITY-ST-ZIP 1365 Dolphin St.
Orange Park FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

30 April 2000

Date

Daytime Phone #

CR2E034 (9/99)