**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 16, 2002 8:00 am Secretary of State P97000017874 DOCUMENT # 1. Entity Name 09-16-2002 90104 040 \*\*\*550.00 PATCHEN CREATIVE VIDEO, INC. Principal Place of Business Mailing Address 10401 SW 113TH STREET 10401 SW 113TH STREET សក្តិភាព MIAMI FL 33176 **MIAMI FL 33176** HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0741322 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent N **≸**EIBAUR, NANCY Street Address (P.O. Box Number is Not Acceptable) 333 NE 8TH STREET **HOMESTEAD FL 33030** City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition PATCHEN, DONN NAME 10401 SW 113TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME PATCHEN, SHERRI NAME STREET ADDRESS 10401 SW 113TH STREET STREET ADDRESS CITY-ST-7iP **MIAMI FL 33176** CITY-ST-ZIP TITLE TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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/tike/ampowered.

SIGNATURE:

Attachment ax0809

September 12, 2002

Patchen Creative Video, Inc. 10401 SW 113 ST. Miami, FL 33176

Florida Department of State Katherine Harris Secretary of State

## Division of Corporations:

Enclosed is a copy of the letter we received from you dated April 24, 2002, the check for \$150, and report that was sent by Patchen Creative Video, Inc. on April 4, 2002. There was an unfortunate miscommunication with the bookkeeper regarding the need to reissue a check. We are now at a final file deadline where the fee has been increased to \$550. Enclosed is a check for \$550, nevertheless we would appreciate any reconsideration regarding this higher fee under the circumstances. Any assistance would be much appreciated. Thank you in advance.

Sincerely,

Donn S. Patchen

President, Patchen Creative Video

Reference number: P97000017874

## Attochment 980829 #19700017871

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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		6. Name and Address of Cu	ırrent Regis	stered Agent			7. N	lame and Address of New Regist		quired	
33 NE 8TH STREET HÖMESTEAD FL 33030  City FL Zip Code  S. 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  Equation, hold or principle or setted reme of registered agent and title if applicable.  P. This corporation is eligible to satisfy its intangible Task filling requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Defected May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Defected May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Defected May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Defected May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Defected May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Defected May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Defected May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.   Added Trust Fund Contribution	-			. <u>بد</u> بد		Name	-	•			
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