

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024870

1. Entity Name

JUSTICE VIDEO, INC.

Principal Place of Business

200 CASTLEWOOD DR
NORTH PALM BEACH FL 33408

Mailing Address

200 CASTLEWOOD DR
NORTH PALM BEACH FL 33408-5666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0736476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRIN, RONALD V
200 CASTLEWOOD DR
NORTH PALM BEACH FL 33408

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, 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

CR2E034 (9/99)

TITLE D Delete
NAME MORRIN, RONALD V
STREET ADDRESS 4448 NICOLE CIRCLE
CITY-ST-ZIP 3034901H CT TEQUESTA, FL 33469
JUPITER FL 33477

TITLE Change Addition
NAME MORRIN, RONALD V-
STREET ADDRESS 4448 NICOLE CIRCLE
CITY-ST-ZIP TEQUESTA, FL 33469

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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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
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:

Ronald V. Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 561-845-1214

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required