

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90098 043 ***150.00

DOCUMENT # P97000025433

1. Entity Name
DIGITAL VIDEO TECHNOLOGIES, INC.

| | |
|---|--|
| Principal Place of Business 7403 TEMPLE TERRACE HWY SUITE B TEMPLE TERRACE FL 33637 | Mailing Address 7403 TEMPLE TERRACE HWY SUITE B TEMPLE TERRACE FL 33619-2948 US |
|---|--|

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|--|---|
| 2. Principal Place of Business 2502 N. ORIENT ROAD | 3. Mailing Address P.O. Box 16098 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------------|---|
| City & State TAMPA, FL | City & State TEMPLE TERRACE, FL |
| Zip 33609 | Zip 33687 |
| Country USA | Country USA |



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-3435947 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent
**HANSON, MICHAEL A
 7403B TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
12222 LANGSHIRE
 City
THONOTOSASSA FL Zip Code
33594

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 **MICHAEL A. HANSON** *Michael A. Hanson* **4/28/00**
 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HANSON, MICHAEL A 7403B TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WING, KENNETH G 7403B TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 12222 LANGSHIRE THONOTOSASSA, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 12222 LANGSHIRE THONOTOSASSA, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **KENNETH G. WING** *Kenneth G. Wing* **4/28/00** **(813) 984-0625**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)