

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90001 036 ***150.00

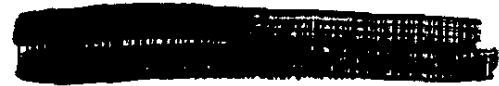
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058602

1. Entity Name

ATLANTIC VISUAL PRODUCTIONS, INC.

000014



DO NOT WRITE IN THIS SPACE

Principals Place of Business		Mailing Address	
1300 ARTHUR ST ORLANDO FL 32804 US		200 E ROBINSON STREET SUITE 500 ORLANDO FL 32801	
2. Principals Place of Business		3. Mailing Address	
Suite, Apt., etc.		Suite, Apt., etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3458077	Assessing For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA CORPORATE SUPPORT, INC. 200 E ROBINSON STREET SUITE 500 ORLANDO FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) City	
		City	Zip Code

8. The filer hereby certifies that this statement is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	PSD MOVSHOW, BUZZY 1300 ARTHUR STREET ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(b), Florida Statutes. I further certify that the information included in 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 or as authorized on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Movshow 4/17/01 Robert MOVSHOW