

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93647 012 ***150.00

DOCUMENT # P98000020866

1. Entity Name
VENTURE CORP COMMUNICATIONS, INC.

Principal Place of Business

**11570 SAN JOSE BLVD
 15
 JACKSONVILLE FL 32223**

Mailing Address

**11570 SAN JOSE BLVD
 15
 JACKSONVILLE FL 32223**

2. Principal Place of Business

1335 W Brandon Blvd

3. Mailing Address

1335 W. Brandon Blvd

Suite, Apt. #, etc.

Ste E

Suite, Apt. #, etc.

Ste E

City & State

Brandon FL

City & State

Brandon FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number

59-3496484

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAPUTO, VINCENT J
 665 REMINGTON FOREST DRIVE
 SWITZERLAND FL 32259**

7. Name and Address of New Registered Agent

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	CAPUTO, VINCENT J	
STREET ADDRESS	665 REMINGTON FOREST DRIVE	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	CAPUTO, VINCENT J	
STREET ADDRESS	665 REMINGTON FOREST DRIVE	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christie Caputo	
STREET ADDRESS	665 Remington Forest Drive	
CITY-ST-ZIP	Switzerland, FL 32259	
TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randall L. Johnson	
STREET ADDRESS	90 Old Sandhurst Landing	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

5-1-02

CR2E034 (9/01)