

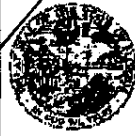
**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90138 007 ***150.00

DOCUMENT # P98000025634

1. Entity Name
NETWORK VIDEO OF ENGLEWOOD, INC.



Principal Place of Business
**228 S. INDIANA AVE
ENGLEWOOD, FL 34223**

Mailing Address
**PO BOX 3246
PORT CHARLOTTE, FL 33949**

60060411

2. Principal Place of Business
228 S. Indiana Ave

3. Mailing Address
2362 Risken Ter

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Englewood, FL

City & State
Port Charlotte, FL

Zip
34223

Country
USA

Zip
33981

Country
USA

4. FEI Number
65-0823089

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OATHOUT, LARRY
2362 RISKEN TER
PT CHARLOTTE, FL 33981**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

8. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OATHOUT, LARRY E 2362 RISKEN TERRACE PORT CHARLOTTE, FL 33981 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST OATHOUT, GLENDA 2362 RISKEN TERRACE PORT CHARLOTTE, FL 33981 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 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

Case _____ Daytime Phone # _____

CR2E034 (10/02)