

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90222 001 \*\*\*150.00

**DOCUMENT # P98000052931**

1. Entity Name

**VIDEO SEARCH OF MIAMI, INC.**



Principal Place of Business

**6675 13TH AVENUE NORTH #2C  
ST. PETERSBURG FL 33710**

Mailing Address

**P.O. BOX 16-1919  
MIAMI FL 33116**

2. Principal Place of Business

**605 75th Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 16-1917**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**St. Pete Beach, FL**

City & State

**Miami FL**

4. FEI Number

**65-0859914**

Applied For

Not Applicable

Zip

**33706**

Country

**US**

Zip

**33116**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAKER, STEPHEN A**

**6675 13TH AVENUE NORTH 32C  
ST. PETERSBURG FL 33710**

*New  
Address  
only  
#*

7. Name and Address of New Registered Agent

Name

**Stephen A. Baker**

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

**605 75th Avenue**

City

**St. Pete Beach**

FL

Zip Code

**33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Stephen A. Baker**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/12/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	<b>WEISSER, THOMAS</b>	
STREET ADDRESS	<b>P.O. BOX 16-1919</b>	
CITY-ST-ZIP	<b>MIAMI FL 33116</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Grissom, Daniel</b>	
STREET ADDRESS	<b>P.O. Box 16-1917</b>	
CITY-ST-ZIP	<b>Miami FL 33116</b>	
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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Daniel Grissom**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/03**  
Date

**(805) 401-1704**  
Daytime Phone #

CR2E034 (10/02)