

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-29-2002 90717 022 ***150.00

DOCUMENT # P98000082270

1. Entity Name

VIDEO MUSIC REVIEW PRODUCTIONS, INC.

Principal Place of Business

**1915 N. ST.
 LONGWOOD FL 32750**

Mailing Address

**1915 N. ST.
 LONGWOOD FL 32750**

2. Principal Place of Business

**112 Weathersfield Ave North
 Suite, Apt. #, etc.**

3. Mailing Address

**112 Weathersfield Ave. North
 Suite, Apt. #, etc.**

City & State

Altamonte Springs FL

City & State

Altamonte Springs, FL

Zip

Country

Zip

Country

4. FEI Number

59-3572847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAILLOUX, NANCY
 1915 N. ST.
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name

Nancy Mailloux

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

112 Weathersfield Ave. N.

City

Altamonte Springs FL

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 **Nancy F. Mailloux**

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

(NOTE: Registered Agent signature required when reinstating)

4/28/2002

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 **PD** ☐ Delete
 NAME **TIERNEY, JODY**
 STREET ADDRESS **11724 REEDY CREEK DRIVE #107**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **CEOT** ☐ Delete
 NAME **MAILLOUX, NANCY**
 STREET ADDRESS **1915 N. ST.**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **M** ☐ Delete
 NAME **ZENTZ, MARY**
 STREET ADDRESS **1327 PLACID DRIVE**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **(Paul) Treasurer** ☐ Delete
 NAME **Paul Chisholm**
 STREET ADDRESS **4125 East Michigan St.**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☐ Addition
 NAME **Tierney, Jody**
 STREET ADDRESS **11724 Reedy Creek Dr. #107**
 CITY-ST-ZIP **Orlando, FL 32836**

TITLE **CEO / Treasurer** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **112 Weathersfield Ave. N.**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **Same** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Paul Chisholm** ☐ Change ☒ Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy F. Mailloux 407-332-9783

Date

Daytime Phone #

CR2E034 (9/01)