

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

2002

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

10-03-2002 90050 024 \*\*\*550.00

**DOCUMENT #** P98000084818

**1. Entity Name**

SURGICAL DIGITAL VIDEO, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

6346 118th Avenue North

Suite, Apt. #, etc.

Suite D

City & State

Largo, FL

Zip

33773

Country

US

**3. Mailing Address**

6346 118th Avenue North

Suite, Apt. #, etc.

Suite D

City & State

Largo, FL

Zip

33773

Country

US

**4. FEI Number**

593536969

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Needham, Craig

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

6346 118th Avenue North, Suite D

City

Largo,

FL

Zip Code

33773

9/27/02  
DATE

**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.

Craig Needham ST, VD

(NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P LOVEC, OLIVER 6346 118th Avenue North, Suite D Largo, Florida 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VD NEEDHAM, CRAIG 6346 118th Avenue North, Suite D Largo, Florida 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**3. 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Needham

7/26/02

ST, T

Date

Daytime Phone #

727/549-8895