2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
02-04-2000 90068 013 ***150.00

DOCUMENT # P98000098684

1. Entity Name
CINEVENTURES NETWORK, INC.

Principal Place of Business
3030 N. ROCKY POINT DR.,#280
TAMPA FL 33607

Mailing Address
3030 N. ROCKY POINT DR.,#280
TAMPA FL 33609-3056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3242 HENDERSON BLVD #301
Suite, Apt. #, etc.
TAMPA, FL
City & State
33609 USA
Zip Country

3. Mailing Address
3242 HENDERSON BLVD #301
Suite, Apt. #, etc.
TAMPA, FL
City & State
33609 USA
Zip Country

4. FEI Number
59-3553165
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DAVISSON, KRISTI N
3030 N. ROCKY POINT DR.,#280
TAMPA FL 33607

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3242 HENDERSON BLVD #301
TAMPA, FL 33609
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CHIEF EXECUTIVE OFFICER/DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAM HALLENBECK	NAME	
STREET ADDRESS	1105 ABBEYS WAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	PRESIDENT/DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH BURNS	NAME	
STREET ADDRESS	13344 GOLD CREST CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	
TITLE	SECRETARY/DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KRISTI N. DAVISSON	NAME	
STREET ADDRESS	4523 S. COOPER PL	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	CITY-ST-ZIP	
TITLE	TREASURER / CHIEF FINANCIAL OFFICER/DIRECTOR ☐ Delete	TITLE	☐ Change ☐
NAME	J. NORMAN GIOVENCO	NAME	
STREET ADDRESS	3404 FAIRBANKS AV.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	
TITLE	DIRECTOR ☐ Delete	TITLE	☐ Change ☐
NAME	TOM CVETIC	NAME	
STREET ADDRESS	473 HARBOR DR SOUTH	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	
TITLE	DIRECTOR ☐ Delete	TITLE	☐ Change ☐
NAME	BRIAN CHRISTOPHER	NAME	
STREET ADDRESS	6202 EDMUNDS LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #