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	Mailing Address
3030 N. ROCKY POINT DR..#280 TAMPA FL 33607	3030 N. ROCKY POINT DR..#280 TAMPA FL 33609-3056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3242 HENDERSON BLVD #301	3242 HENDERSON BLVD #301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FL	TAMPA, FL
City & State	City & State
33609 USA	33609 USA
Zip / Country	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	7. Name and Address of New Registered Agent
DAVISSON, KRISTI N 3030 N. ROCKY POINT DR.,#280 TAMPA FL 33607	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER/DIRECTOR ☐ Delete WILLIAM HALLENBECK 1105 ABBEYS WAY TAMPA, FL 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR ☐ Delete JOSEPH BURNS 13344 GOLD CREST CIRCLE TAMPA, FL 33624	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIRECTOR ☐ Delete KRISTI N. DAVISSON 4523 S. COOPER PL TAMPA FL 33611	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER / CHIEF FINANCIAL OFFICER/DIRECTOR ☐ Delete J. NORMAN GIOVENCO 3404 FAIRBANKS AV. TAMPA, FL 33611	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Delete TOM CVETIC 473 HARBOR DR SOUTH INDIAN ROCKS BEACH, FL 33785	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Delete BRIAN CHRISTOPHER 6202 EDMUNDS LANE TAMPA, FL 33647	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 #*