

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90309 043 ***150.00

DOCUMENT # P98000107649

1. Entity Name

J M VIDEO PRODUCTIONS, INC.

Principal Place of Business

**8088 GREENGLADE RD.
 JACKSONVILLE FL 32256**

Mailing Address

**8088 GREENGLADE RD.
 JACKSONVILLE FL 32256**

2. Principal Place of Business

7800 Point Meadows Drive

3. Mailing Address

7800 POINT MEADOWS DRIVE

Suite, Apt. #, etc.

Apt. # 1113

Suite, Apt. #, etc.

1113

City & State

Jacksonville, Florida

City & State

JACKSONVILLE, FLORIDA

Zip

Country

32256

USA

Zip

Country

32256

USA

4. FEI Number

59-3582446

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

**MALINKA, JOHN N
 8088 GREENGLADE RD.
 JACKSONVILLE FL 32256**

Name

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

7800 POINT MEADOWS DRIVE, #1113

City

JACKSONVILLE

FL

Zip Code

32256

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, 2001 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 **D** ☐ Delete
 NAME **MALINKA, JOHN N**
 STREET ADDRESS **8088 GREENGLADE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **7800 POINT MEADOWS DRIVE, #1113**
 STREET ADDRESS **JACKSONVILLE, FL 32256**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

Daytime Phone #

CR2E034 (10/00)