

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
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910000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7800 Point Meadows Drive Suite, Apt. #, etc. Apt. # 1113 City & State Jacksonville, Florida Zip 32256 Country USA	3. Mailing Address 7800 POINT MEADOWS DRIVE Suite, Apt. #, etc. # 1113 City & State JACKSONVILLE, FLORIDA Zip 32256 Country USA
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4. FEI Number 59-3582446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MALINKA, JOHN N
8088 GREENGLADE RD.
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 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 *John Malinka* (NOTE: Registered Agent signature required when reinstating) DATE 1/31/01

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MALINKA, JOHN N 8088 GREENGLADE RD. JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7800 POINT MEADOWS DRIVE, #1113 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Malinka* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE 1/31/01 DATE
 DAYTIME PHONE # _____ DAYTIME PHONE #

CR2E034 (10/00)