

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # R99000004783

1. Entity Name

EXPRESS VIDEO PRODUCTIONS, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90004 046 \*\*\*150.00

Principal Place of Business

Mailing Address

333 EAST ALPINE STREET  
ALTAMONTE SPRINGS FL 32701

333 EAST ALPINE STREET  
ALTAMONTE SPRINGS FL 32701-7701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3626397

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

CLAPHAM, GEORGE L  
2035 LAKE SUE DRIVE  
ORLANDO FL 32803

Name: Peter J. O'Meara  
Street Address (P.O. Box Number is Not Acceptable):  
333 East Alpine St  
City: Altamonte Spgs FL Zip Code: 32701

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 Thomas W. O'Meara

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          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | O'MEARA, PETER J      |  |
| STREET ADDRESS | 4228 EAST MOBOC DRIVE |  |
| CITY-ST-ZIP    | PHOENIX AZ 85044      |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Thomas W. O'Meara           |  |
| STREET ADDRESS | 333 Alpine St               |  |
| CITY-ST-ZIP    | Altamonte Springs, FL 32701 |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| 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 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

Date

Daytime Phone #

CR2E034 (9/99)