

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020431

1. Entity Name

ALLVIDEO NETWORK, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90024 009 ***150.00

Principal Place of Business

Mailing Address

5601 CORPORATE WAY STE. 108
WEST PALM BEACH FL 33407

5601 CORPORATE WAY STE. 108
WEST PALM BEACH FL 33407-2041

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

65-0908865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROBERG, PETER S
223 PERUVIAN AVE.
PALM BEACH FL 33480

Name: Allen H. Katz
Street Address (P.O. Box Number is Not Acceptable): 2800 E. Commercial Blvd
#208
City: Ft. Lauderdale FL Zip Code: 33308

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

Allen H. Katz

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-00

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	PT	<input type="checkbox"/> Delete
NAME	DUDASH, DENNIS S	
STREET ADDRESS	5601 CORPORATE WAY STE. 108	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURNER, HARVEY	
STREET ADDRESS	5601 CORPORATE WAY STE. 108	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATYSKIEL, JOHN	
STREET ADDRESS	5601 CORPORATE WAY STE. 108	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	631 U.S. Highway 1	3077
CITY-ST-ZIP	North Palm Beach	33405
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 another like empowered.

SIGNATURE:

Michael J. Paterno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL J. PATERNO
VP OF OPERATIONS

Date

4-4-00

Daytime Phone # 561-842-3100

CR2E034 (9/99)