

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021789

1. Entity Name

VIDEOMOTION NETWORK, INC.

Principal Place of Business

Mailing Address

1213 S. OCEAN BOULEVARD
DELRAY BEACH FL 33483

1213 S. OCEAN BOULEVARD
DELRAY BEACH FL 33483-6533

2. Principal Place of Business

3. Mailing Address

1730 South Federal Highway

1730 South Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 322

Suite 322

City & State

City & State

Delray Beach, FL

Delray Beach, FL

Zip
33483

Country
USA

Zip
33483

Country
USA

4. FEI Number

54-1948857

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

KATZMAN, STEVEN
319 CLEMATIS ST.
WEST PALM BEACH FL 33401

Name

Richard P. Greene, Esq.

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

2455 E. Sunrise Boulevard

Suite 905

City

Ft. Lauderdale

FL

Zip Code
33304

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

Richard P. Greene, Esq.

1/24/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D DOROW, W A JR. 1213 S. OCEAN BOULEVARD DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Lawrence, Quigg 1730 South Federal Highway, Suite 322 Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Quigg Lawrence

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90077 007 ***150.00



DO NOT WRITE IN THIS SPACE