2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 06, 2002 8:00 am Secretary of State DOCUMENT # P99000033899 1. Entity Name 05-06-2002 90278 011 ***150.00 QUALITY LEGAL VIDEO, INC. Principal Place of Business ______Mailing Address 2752 WHIPPOORWILL LANE .2752 WHIPPOORWILL LANE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0911097 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BIERBAUM, PATTE Street Address (P.O. Box Number is Not Acceptable) 2752 WHIPPOORWILL LAND VERO BEACH FL 32960 Zip Code City Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -FILE-NOWIII-FEE-IS-\$150:00-9. This corporation is eligible to satisfy its:Intangible = **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete TITLE TITLE **PSTD** NAME BIERBAUM, PATTE STREET ADDRESS STREET ADDRESS PO BOX 129 N/A CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32961 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADMIESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED