## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 16, 2001 8:00 am Secretary of State DOCUMENT # **P99000035204** UNDERGROUND VIDEO, INC. 03-16-2001 90055 004 \*\*\*150.00 Principal Place of Business Mailing Address 13345 CONVENT GARDENS ROAD 13345 CONVENT GARDENS ROAD BROOKSVILLE FL 34613-3928 BROOKSVILLE FL 34613-3928 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 59-3572269 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAMLETT, JAMES D Street Address (P.O. Box Number is Not Acceptable) -13345:CONVENT: GARDENS ROAD ... BROOKSVILLE FL 34613-3928 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE ☐ Addition BRAMLETT, JIM NAME STREET ADDRESS 13345 CONVENT GARDENS ROAD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34613-3928 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME CHILTON, GARY B NAME STREET ADDRESS 5531 WEST RIVER BEND ROAD STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34433** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME CHILTON, JEANELLE J NAME STREET ADDRESS 2032 CULBERTSON STREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition CHILTON, BERNARD A NAME NAME STREET ADDRESS 2032 CULBERTSON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED