

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90001 012 ***150.00

DOCUMENT # P99000052034

1. Entity Name
AMERIVISION OUTDOOR, INC.

Principal Place of Business 5029 EDGEWATER DR ORLANDO FL 32810	Mailing Address 5029 EDGEWATER DR ORLANDO FL 32810-5226
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3582204		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HARRIS, MARSHALL S 5029 EDGEWATER DR ORLANDO FL 32810				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____ (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	TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BRANDNER, J WILLIAM		NAME	William W. Byrd			
STREET ADDRESS	5029 EDGEWATER DR		STREET ADDRESS	20 Eureka ST.			
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP	Sutter Creek, CA 95685			
TITLE	D	<input type="checkbox"/> Delete	TITLE	V/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARRIS, MARSHALL S		NAME	Marshall S. Harris			
STREET ADDRESS	5029 EDGEWATER DR		STREET ADDRESS	5029 Edgewater Drive			
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP	Orlando, FL 32810			
TITLE		<input type="checkbox"/> Delete	TITLE	D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Larry Clark			
STREET ADDRESS			STREET ADDRESS	20 Eureka ST.			
CITY-ST-ZIP			CITY-ST-ZIP	Sutter Creek, CA 95685			
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Christine Miller			
STREET ADDRESS			STREET ADDRESS	5029 Edgewater DR.			
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32810			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Terry J. Long			
STREET ADDRESS			STREET ADDRESS	3133 N. Ad Art Rd			
CITY-ST-ZIP			CITY-ST-ZIP	Stockton, CA 95215			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Dana Raihall			
STREET ADDRESS			STREET ADDRESS	20 Eureka St.			
CITY-ST-ZIP			CITY-ST-ZIP	Sutter Creek, CA 95685			

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: Marshall S. Harris Date: 4/12/00 Daytime Phone #: 407-521-7477

CR2E034 (9/99)