

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90148 031 ***150.00

0670308 AB

DOCUMENT # P99000059517

1. Entity Name

MOVIE MOVERS, INC.



Principal Place of Business
**4710 W. 36 ST.
ORLANDO FL 32811**

Mailing Address
**14663 KESWICK ST
VAN NUYS CA 91405**

2. Principal Place of Business

3. Mailing Address

11473 Penrose Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sun Valley, CA

4. FEI Number **59-3596467**

Applied For

Not Applicable

Zip

Country

Zip

Country

91352

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARACORP INCORPORATED
236 E. 6TH AVE.
TALLAHASSEE FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BAILEY, ROBERT 113 EL PORTO ST MANHATTAN BEACH CA 90266 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS BAILEY, CAROLE A 113 EL PORTO ST MANHATTAN BEACH CA 90266 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOTT, STEPHEN E 26812 NEFF CT CANYON COUNTRY CA 91351 | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Stephen E. Bott* **SIGNATURE REQUIRED** **Stephen E. Bott-Vice Pres. 4/21/03 818-252-7722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)