

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000066895

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ENTERTAINMENT VISIONS, INC.

Current Principal Place of Business:

807 WARREN AVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 703
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3593016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROMER, JOAN H
414 MONROE AVE. J-101
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERRILL, CAROLE A
Address: 807 WARREN AVE
City-St-Zip: COCOA, FL 32922

Title: VPD () Delete
Name: CROMER, JOAN
Address: 414 MONROE AVE J-101
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD () Delete
Name: CROMER, JOAN
Address: 807 WARREN AVE
City-St-Zip: COCOA, FL 32922

Title: TD () Delete
Name: FERRILL, CAROLE
Address: 807 WARREN AVE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE A FERRILL

PD

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date