2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000066895

FERRILL, CAROLE

807 WARREN AVE

COCOA, FL 32922

Name:

Address:

City-St-Zip:

Entity Name: ENTERTAINMENT VISIONS, INC.

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

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
807 WARF COCOA, F					
Current M	lailing Addres	s:	New Mailing Address:		
P.O. BOX CAPE CAI	703 NAVERNAL, FI	_ 32920			
FEI Number	: 59-3593016	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	, JOAN H ROE AVE. J-10 NAVERAL, FL				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			nt	Date	
•	_	satisfy its Intangible Tax filing requ Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () FERRILL, CARG 807 WARREN A COCOA, FL 32	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CROMER, JOAI 414 MONROE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () CROMER, JOAI 807 WARREN A COCOA, FL 32	WE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLE A FERRILL PD 04/30/2002