2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

DED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 07, 2000 8:00 am DOCUMENT # **P99000073289** Secretary of State X-STREAM VIDEO PRODUCTIONS, INC. 05-07-2000 90004 017 ***150.00 Principal Place of Business Mailing Address 501 NORTH ORLANDO AVE., STE. 313 501 NORTH ORLANDO AVE., STE. 313 WINTER PARK FL 32789 WINTER PARK FL 32789-7310 2. Principal Place of Business 3. Mailing Address 501 M. <u>Onnalo As</u> 501 M. ORLANDO AUZ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3,3 SE 3/3 Ste 25% 256 City & State 4. FEI Number Applied For 59-3540261 Not Applicable Winta Winter PMik Country \$8.75 Additional 5. Certificate of Status Desired 327*89* USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAKE, JERALD D Street Address (P.O. Box Number is Not Acceptable) 1011 TERRY DR. ALTAMONTE SPRINGS FL 37214 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. denoted Blake - President ☐ Change ☐ Addition TITLE TITLE NAME NAME 1011 TERRY DRIVE Alternate Springs STREET ADDRESS STREET ADDRESS HL 32714 CITY-ST-7IP CITY-ST-ZIP of Monkety Dinectan Calherine moulton TITLE TITLE Cotherine Moulton 1315 W YALE ST ontrado A 3 NAME NAME 1315 W. YAR STREET ADDRESS STREET ADDRESS 32804 CITY-ST-ZIP CITY-ST-ZIP unsdo Grace Washield-Secretor ☐ Delete TITLE TITLE 8108 LAWREL TALL DE O NAME NAME STREET ADDRESS STREET ADDRESS ORIANIO FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE Tregsone Delete TITLE Turned Taraell NAME NAME MISSION Druc STREET ADDRESS STREET ADDRESS orlando A 32804 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED