2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

1709 S. ATLANTIC AVENUE

P99000084067

Mailing Address

1709 S. ATLANTIC AVENUE

1. Entity Name

PERFORMANCE VIEW PRODUCTIONS, INC.



Apr 23, 2003 8:00 am Secretary of State **FILED**

04-23-2003 90108 005 ***150.00

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NEW SMYRNA BEACH FL 32169			NEV	NEW SMYRNA BEACH FL 32169								
2. Principal Place of Business			3. Mai	3. Mailing Address				1 10 14 15 15 15 15 15 15 15		II IBIIK BIBIK BBI	<u> </u>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 59-3600788 Applied For Not Applied For				
Zip Country Zip			Country			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
					<u>.</u>	Name of the second seco						
BAILEY & TRUMBO, P.A.						Street Address (P.O. Box Number is Not Acceptable)						
340 NOR	TH CAUSE	WAY				Olicela	uurcoo (r.o. 1	Box Hamber is Not Acceptable				
NEW SM	yrna bea	CH FL 32169										
						City FL Zip Code						
The above the obligati	named entity ons of regist	y submits this stateme ered agent.	nt for the purp	ose of changing its	register	ed office or	registered aq	gent, or both, in the State of Fl	orida. I am	familiar with	and accept	
and dungan	one or region	orou agom.										
SIGNATURE _	Sinnature typed	or printed name of registered a	opent and title it ann	dicable (NOTE	Pogistoro	d Agent signati	re required when	reinstation)	DATE			
Te 14 **			gent and the mapp	(1012	. riegistoro	o Agent signati	are required when	Tonstainty				
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 Fi Trust Fund Contribution		\$5.6 Adde	00 May Be d to Fees		
10.	OFFICERS AND DIRECTORS			11.		Al	DDITIONS/CHANGES TO OFF	FICERS ANI	DIRECTOR	RS IN 11		
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NAME	PEREZ, C	CONRAD M			NAM							
STREET ADDRESS 1709 S. ATLANTIC AVENUE CITY-ST-ZIP NEW SMYRNA BEACH FL 32169						ET ADDRESS - ST-ZIP						
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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 attackment with an address, with all other like empowered.

SIGNATURE:

386-409-<u>9112</u>