

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000102130

1. Entity Name

VIZIO ENTERPRISES, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

04-28-2000 90095 026 ***150.00

Principal Place of Business: 1338 SASSAFRAS AVE.
ALTAMONTE SPRINGS FL 32714

Mailing Address: 1338 SASSAFRAS AVE.
ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------------|---|---------|---|--------------------------------|
| 2. Principal Place of Business 1338 SASSAFRAS AVE | | 3. Mailing Address Suite, Apt. #, etc. | | 4. FEI Number 99-3616803 | Applied For Not Applicable |
| City & State ALTAMONTE SP., FL | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 32714 | Country USA | Zip | Country | | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent WILLARD, BRYAN TODD 1338 SASSAFRAS AVE. ALTAMONTE SPRINGS FL 32714 | | 7. Name and Address of New Registered Agent 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.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reissuing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **5/22/00** **407 592 1109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #