2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

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DOCUMENT # V15931 Jan 25, 2000 8:00 am **Secretary of State** GIBSON'S AUDIO/VIDEO CREATIONS, INC. 01-25-2000 90013 041 ***150.00 Principal Place of Business Mailing Address 300 NW 70TH AVENUE 300 NW 70TH AVENUE SUITE 103 SUITE 103 บบบบบออบบ PLANTATION FL 33317 PLANTATION FL 33317-2360 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0343934 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required - " 7: Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name YOUNG, HARRY L. Street Address (P.O. Box Number is Not Acceptable) 300 NW 70TH AVENUE **SUITE 103** PLANTATION FL 33317 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE GIBSON, BRADLEY JAMES NAME STREET ADDRESS STREET ADDRESS 1010 NW 76 AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME GIBSON, TAMARA YOUNG NAME STREET ADDRESS STREET ADDRESS 1010 NW 76 AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ~ ☐ Addition ☐ Defete TITLE YOUNG, HARRY L. NAME STREET ADDRESS STREET ADDRESS 600 NW 73RD TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 embowered 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 of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver