

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V18411**

1. Entity Name

POWER VIDEO, INC.

Principal Place of Business

**1300 PALM BAY RD
PALM BAY FL 32905
US**

Mailing Address

**815 EYRIE DR
2
OVIEDO FL 32765-8602
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**BURRIS, GREGORY F.
2400 N FORSYTH RD
SUITE 202
ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

815 EYRIE DR. Ste 2

City

OVIEDO,**FL**Zip Code
32765

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BURRIS, GREGORY F.	
STREET ADDRESS	815 EYRIE DR STE 2	
CITY-ST-ZIP	OVIEDO FL 32765	

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED**Jan 29, 2000 8:00 am
Secretary of State**

01-29-2000 90026 042 ***150.00

910909

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3108515**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**1/18/00
Date407-366-9171
Daytime Phone #