

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90012 001 ***450.00

DOCUMENT # V50952

1. Entity Name
VIDEO SOURCE, INC.

Principal Place of Business Mailing Address
ART MUSEUM DRIVE **1650 ART MUSEUM DRIVE**
JACKSONVILLE FL 32207 **JACKSONVILLE FL 32207-1118**

12280

2. Principal Place of Business 3. Mailing Address
4224 Atlantic Blvd *4224 Atlantic Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Jacksonville FL *Jacksonville FL*
 Zip Zip Country Country
32207 *Duval* *32207* *Duval*

4. FEI Number Applied For
59-3133142 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EVANS, KATHLEEN
1650 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 Name: *Same*
 Street Address (P.O. Box Number is Not Acceptable):
 City: *Jacksonville* State: **FL** Zip Code: *32207*

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)

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	D <input type="checkbox"/> Delete
NAME	EVANS, KATHLEEN
STREET ADDRESS	1650 ART MUSEUM DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4224 Atlantic Blvd</i>
CITY-ST-ZIP	<i>Jax FL 32207</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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: *Kathleen Evans* Date: *4/25/00* Daytime Phone #: *398-1221*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)