

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90015 024 \*\*\*150.00

11/98/01

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000000813**

1. Corporation Name  
**RLX VIDEO, INC.**



Principal Place of Business 2000 BANKS ROAD D101 MARGATE FL 33063 US	Mailing Address 2000 BANKS ROAD D101 MARGATE FL 33063 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>720 SW 12TH AVE</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>720 SW 12TH AVE</b> Suite, Apt. #, etc. 27
City & State 23 <b>Pompano Bch, FL</b> Zip Country 24 <b>33069</b> 25 <b>US</b>	City & State 28 <b>Pompano Bch, FL</b> Zip Country 29 <b>33069</b> 30 <b>US</b>

3. Date incorporated or Qualified <b>01/06/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0379371</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HORSLEY, MICHAEL</b> <b>2000 BANKS ROAD</b> <b>D101</b> <b>MARGATE FL 33063</b>
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10. Name and Address of New Registered Agent 81 Name <b>MICHAEL HORSLEY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>720 SW 12TH AVE</b> 83 84 City <b>Pompano Bch</b> <b>FL</b> 85 Zip Code <b>33069</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORSLEY, MICHAEL</b> <b>259 48TH STREET</b> <b>BROOKLYN NY 11220</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENCHE, AARON</b> <b>259 48TH STREET</b> <b>BROOKLYN NY 11220</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MICHAEL HORSLEY</b> <b>720 SW 12TH AVE</b> <b>Pompano Bch, FL 33069</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>AARON MENCHE</b> <b>303 LOUISIANA AVE</b> <b>BROOKLYN, NY 11207</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michael Horsley **MICHAEL HORSLEY** 4/27/99 954-946-7575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)