

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90118 041 \*\*\*150.00

**DOCUMENT # P93000000813**

1. Entity Name  
RLX VIDEO, INC.



Principal Place of Business  
720 SW 12TH AVE  
POMPANO BEACH FL 33069  
US

Mailing Address  
720 SW 12TH AVE  
POMPANO BEACH FL 33069  
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0379371**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORSLEY, MICHAEL  
720 SW 12TH AVE  
POMPANO BEACH FL 33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HORSLEY, MICHAEL                  | NAME                                                  |                                                                   |
| STREET ADDRESS             | 720 SW 12TH AVE                   | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | POMPANO BEACH FL 33069            | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | D <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MENCHE, AARON                     | NAME                                                  |                                                                   |
| STREET ADDRESS             | 303 LOUISIANA AVE                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | BROOKLYN NY 11207                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                   | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                   | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                   | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                   | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP                                           |                                                                   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **2/27/03** **954 946-7575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)