

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90127 008 \*\*\*150.00

**DOCUMENT # P98000105568**

1. Entity Name  
**VIDEO DIRECT DISTRIBUTORS, INC.**

Principal Place of Business  
**2310 NW 55TH CT., SUITE 132**  
**FORT LAUDERDALE FL 33309**

Mailing Address  
**2310 NW 55TH CT., SUITE 132**  
**FORT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5450 N.W. 33RD AVE**

3. Mailing Address  
**5450 N.W. 33RD AVE**

Suite, Apt. #, etc.  
**110**

Suite, Apt. #, etc.  
**110**

City & State  
**FT. LAUDERDALE FL**

City & State  
**FT. LAUDERDALE FL**

4. FEI Number  
**54-1235906**

Applied For  
 Not Applicable

Zip  
**33309**

Country  
**BROWARD**

Zip  
**33309**

Country  
**BROWARD**

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**

**LAZARUS, ROBERT M**  
**2310 NW 55TH COURT STE 132**  
**FT. LAUDERDALE FL 33309**

Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5450 N.W. 33RD AVE**  
 City **FT. LAUDERDALE FL** Zip Code **33309**

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	LAZARUS, ROBERT M	2310 NW 55TH CT., SUITE 132	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SAME	SAME	5450 N.W. 33RD AVE STE 110	FL. LAUDERDALE FL 33309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date Daytime Phone # **954 484-3232**

CR2E034 (9/01)