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

Mailing Address 5450 NW 33RD AVE

## **DOCUMENT #** P98000105568 1. Entity Name

110

Principal Place of Business 5450 NW 33RD AVE

VIDEO DIRECT DISTRIBUTORS, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90106 001 \*\*\*150.00

## 20002050

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2. Princip	pal Place of Business	3. Mailing Address		· 		<b>1111</b>   1111   1111	<b></b>
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Cityeia	Otata -	Suite, Apt. #, etc.					
City & State		City & State			☐ CHECK HERE IF MAKING CHANGES		
Zip	Country	Zip			4. FEI Number 54-1235906		Applied For
<u> </u>	6. Name and Add	1	Country	T	5. Certificate of Status Desired		Not Applicat 75 Additional
	6. Name and Address of Current	Registered Agent					
LAZARU	JS, ROBERT M	N	7. Name and Address of New Registered Agent Name				
5450 NW 33RD AVE FT. LAUDERDALE FL 33309			St	Street Address (P.O. Box Number is Not Acceptable)			
I FI. LAU	DERDALE FL 33309		<del> </del>				
	<del></del>		Cit		<del></del>		
<ol> <li>The above the obligation</li> </ol>	ve named entity submits this statement for ations of registered agent.	the purpose of changing	its registered - #	<del></del>		FL Z	ip Code
010112	and or registered agent.		us registered off	ice or registered :	agent, or both, in the State of Florida.	l am familia	r with, and accept
SIGNATURE	Signature, typed or printed name of registered agent at						and decept
	FILE NOWILL FEET TO THE STORY OF THE STORY O	nd title if applicable. (NC	OTE: Registered Agent	signature required wher	reinstation)		
Alle	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00	-				DATE	
Marie Crieci	k Payable to Florida Department of	State			9. Election Campaign Financin	a	\$E 00
10.	OFFICERS AND D		<del></del>		Trust Fund Contribution.		\$5.00 May Be Added to Fees
TITLE Name	17751	Delete	11.	A	DDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS	LAZARUS, ROBERT M	C Delete	TITLE NAME		9/1/02/10	Cha	
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ST-ZIP			STREET ADDRESS			3*	L
	y that the information supplied with this fil his report or supplemental report is true a tion or the receiver or trustee empowered						,

Thereby 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 changed, or on an attachment with an address, with all other like empowered. THE PRINTED MARKET PROBETT M. LAZARUS 1-6-03 (954)484-3232 GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR