

Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
08-29-2002-90004 049 ****70.00
685201

DOCUMENT # 685201
1. Entity Name
 6833 Bird Road Book and Video Corporation

02 AUG 29 PM 4:01

DO NOT WRITE IN THIS SPACE

977252

2. Principal Place of Business 6833 SW 40th St	3. Mailing Address 6833 SW 40th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL
Zip 33155	Country Dade
Zip 33155	Country Dade

4. FEI Number 59-2022422	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Stuart Socol

Street Address (P.O. Box Number is Not Acceptable)
20810 W Dixie Hwy

City Miami **FL** **Zip Code** 33010

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 **Stuart Socol** **8/15/02**

Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when not filing) DATE

9. This Corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 P	Neil Klein 445 Dover C W Palm Beach, FL 33417	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE S/T	Sally Barr 1955 Panola Rd, Suite 200 Ellenwood, GA 30294	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE
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TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sally E Barr** **8/15/02 (770) 474-4866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

9/4/02
AW