

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90146 037 ***550.00

DOCUMENT # F95000000693

1. Entity Name
VIDEO GIANT-VENICE INC.

Principal Place of Business ONE SUMMIT SQUARE, SUITE 200 ROUTE 413 AND DOUBLEWOODS ROAD NEWTOWN PA 19047 US	Mailing Address ONE SUMMIT SQUARE, SUITE 200 ROUTE 413 AND DOUBLEWOODS ROAD NEWTOWN PA 19047 US
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2. Principal Place of Business 9998 Global Rd	3. Mailing Address 9998 Global Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Phila, PA	City & State Phila PA
Zip 19115	Country Phila

4. FEI Number 74-2438401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (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. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANDLEY, T. KYLE 1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS NEWTOWN PA 19047 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANDLEY, M. TRENT 1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS NEWTOWN PA 19047 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP KELLY, RICHARD 1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS NEWTOWN PA 19047 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDLEY, RALPH W III 1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS NEWTOWN PA 19047 <input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Herb Koslov 9998 Global Rd Phila, PA 19115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joe Ciano 9998 Global Rd Phila PA 19115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *8/2/2000* Date Daytime Phone #