

# 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 <b>9998 Global Rd</b>	3. Mailing Address <b>9998 Global Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Phila, PA</b>	City & State <b>Phila PA</b>
Zip <b>19115</b>	Country <b>Phila</b>

4. FEI Number <b>74-2438401</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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	<b>PD</b> <b>STANDLEY, T. KYLE</b> <b>1 SUMMIT SQ, STE 200, RT 413 &amp; DOUBLEWOODS</b> <b>NEWTOWN PA 19047</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STANDLEY, M. TRENT</b> <b>1 SUMMIT SQ, STE 200, RT 413 &amp; DOUBLEWOODS</b> <b>NEWTOWN PA 19047</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP</b> <b>KELLY, RICHARD</b> <b>1 SUMMIT SQ, STE 200, RT 413 &amp; DOUBLEWOODS</b> <b>NEWTOWN PA 19047</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STANDLEY, RALPH W III</b> <b>1 SUMMIT SQ, STE 200, RT 413 &amp; DOUBLEWOODS</b> <b>NEWTOWN PA 19047</b> <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	<b>Director / Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Herb Koslov</b> <b>9998 Global Rd</b> <b>Phila, PA 19115</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joe Ciano</b> <b>9998 Global Rd</b> <b>Phila PA 19115</b>
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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #