

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000000046**

1. Entity Name

VIDEO U.S.A. ENTERTAINMENT, INC.



Principal Place of Business

10 FIFTH ST.  
VALLEY STREAM, NY 11581

Mailing Address

10 FIFTH ST.  
VALLEY STREAM, NY 11581



03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-2517322

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000097780  
03/29/04-80014-013 150.00

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME HANDSMAN, FRED  
STREET ADDRESS 10 FIFTH ST.  
CITY - ST - ZIP VALLEY STREAM, NY 11581

TITLE DT  
NAME GOLDSTEIN, JEFF  
STREET ADDRESS 50 CHARLES LINDBERGH BLVD., STE510  
CITY - ST - ZIP UNIONDALE, NY 115533607

TITLE D  
NAME OBERMAN, SEYMOUR  
STREET ADDRESS 43 STEARNS RD.  
CITY - ST - ZIP BROOKLINE, MA 02146

TITLE S  
NAME SILVERSTEIN, ELLYN  
STREET ADDRESS 10 FIFTH ST  
CITY - ST - ZIP VALLEY STREAM, NY 11581

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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

3/23/04

Date

Daytime Phone #

865-8930