

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HANDSMAN, FRED 10 FIFTH ST. VALLEY STREAM, NY 11581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOLDSTEIN, JEFF 50 CHARLES LINDBERGH BLVD., STE510 UNIONDALE, NY 115533607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERMAN, SEYMOUR 43 STEARNS RD. BROOKLINE, MA 02146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERSTEIN, ELLYN 10 FIFTH ST VALLEY STREAM, NY 11581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000647995  
03/06/07-80095-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Fred Handman*  
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

*2-21-07 516 825-9030*  
Date Daytime Phone #