2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H79388 1. Entity Name VIDEO NEWS CLIP, INC. Principal Place of Business Mailing Address 813 EAST BLOOMINGDALE 813 EAST BLOOMINGDALE BRANDON FL 33511 BRANDON FL 33511

Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90053 021 ***150.00



2. Principal Place of Business 3. Mailing Address					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State		City & State		4. FEI Number 59-2591970	Applied For
Zip	Country	Zip	Country		\$8.75 Additional Fee Required
	6. Name and Address of Curr	rent Registered Agent	•	7. Name and Address of New Registered	Agent
			Name		
FERGUSON, JILL B 910 RIVER RAPIDS AVE BRANDON FL 33511			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above	named entity submits this statemen	nt for the purpose of changing its	s registered office or regi	istered agent, or both, in the State of Florida.	
			_		
SIGNATURE.	,				
	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating) DATE	·
Tax filling requirement and elects to do so. After MAY 1,		'!!! FEE IS \$150.00 001 Fee will be \$550.0 ble to Department of \$		\$5.00 May Be Added to Fees	
11.	OFFICERS A	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE	Р	☐ Delete	TITLE		Change Addition
NAME	FERGUSON, JILL B		NAME		
STREET ADDRESS	910 RIVER RAPIDS AVE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		Change Addition
NAME	ARKINS, PAMELA M		NAME		
STREET ADDRESS	4504 LAKE GERM CIRCLE		STREET ADDRESS		
CITY-ST-ZIP		The second secon	There is no see that the second	the second of th	-
	ORLANDO FL 32806	and the second s	CITY-ST-ZIP		<u>-</u>
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NAME	ORLANDO FL 32806		CITY-ST-ZIP TITLE NAME		Change Addition
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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 eath; 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:

<u>4-11-01</u>

813-661-2232