2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K33737 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name M.G. VIDEO, INC. 04-25-2000 90151 030 ***150.00 Mailing Address Principal Place of Business 950 N COLLIER BLVD 1025 N COLLIER BLVD MARCO ISLAND FL 34145 MARCO ISLAND F 33937 040193 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0076472 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAUSLER, GARY J. Street Address (P.O. Box Number is Not Acceptable) 950 N COLLIER BLVD **STE 202** MARCO ISLAND FL 34145 Zip Code City rpose of changing its registered office or registered agent, or both, in the State of Flo 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) nd title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME GERHARDSTEIN, MICHAEL STREET ADDRESS STREET ADDRESS 541 S HEATHWOOD DR CITY-ST-ZIP CITY-ST-7IP MARCO ISLAND FL 34145 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted 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 appears, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Director Pres.

Daytime Phone #