

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90004 023 ***150.00

DOCUMENT # L02992

1. Entity Name
VARIETY VIDEO, INC.

Principal Place of Business

Mailing Address

**9401 PEMBROKE RD
 PEMBROKE PINES FL 33025**

**9401 PEMBROKE RD
 PEMBROKE PINES FL 33025**

2. Principal Place of Business

3. Mailing Address

9041 Pembroke Rd
 Suite, Apt. #, etc.

9041 Pembroke Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pembroke Pines Fla.

Pembroke Pines Fla. 33025

4. FEI Number

65-0137461

Applied For

Not Applicable

Zip

Country

Zip

Country

33025

Broward

33025

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DUCKER, DAVID
 9401 PEMBROKE RD
 PEMBROKE PINES FL 33025**

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

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

(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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD DUCKER, DAVID 9401 PEMBROKE RD PEMBROKE PINES FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD DUCKER, BEVERLY J 9401 PEMBROKE RD PEMBROKE PINES FL 33025 | <input 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000

Date

Daytime Phone #

CR2E034 (9/99)