2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # L24235** 1. Entity Name INTERNATIONAL VIDEO TAPE DISTRIBUTORS. INC. 03-15-2000 90017 029 ***150.00 Principal Place of Business Mailing Address C/O GREGORY H. WINN GREGORY H. WINN 6160-B EDGEWATER DR 6160-B EDGEWATER DR ORLANDO FL 32810-4862 ORLANDO FL 32810 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. FEì Number 59-2978410 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required ___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINN, GREGORY H. Street Address (P.O. Box Number is Not Acceptable) 6160-B EDGEWATER DR ORLANDO FL 32810 Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPS Change ☐ Addition ☐ Delete TITLE TITLE WINN, GREGORY H. MAME NAME 153 DUNCAN TRL STREET ANDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-7IP ☐ Change ■ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F TITLE Delete 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 1 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 thusee 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 a address, with all other like empowered.

GREGORY H. WINN BA

INTED NAME OF SIGNING OFFICER OF DIRECTOR