2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am **DOCUMENT # L53278** Secretary of State VERY VIDEO, INC. 05-11-2001 90016 035 ***150.00 Mailing Address Principal Place of Business 1975 STIRLING RD 1975 STIRLING RD 100000 DANIA BEACH FL 33004 DANIA BEACH FL 33004 US US 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0147873 Not Applicable Country Country Zip \$8.75 Additional Z:p 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOSS, NINA R. 20355 NE 34TH CT #1426 AVENTURA FL 33180 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. (NOTE: Registered Agent signature required when reinstating) and title if applicable 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete TiTLE. DPV NAME NAME MOSS, NINA R. STREET ADDRESS STREET ADDRESS 20355 NE 34TH CT #1426 Quentina FL 33180 CITY -ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 Change FIT Addition Delete TITLE TITLE ST NAME NAME MOSS, NINA R. STREET ADDRESS STREET ADDRESS 20355 NE 34TH CT #1426 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 Adaltion THE Change ☐ Delete BBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7:E ☐ Change Addition TITI E Delete NAMS NAME STREET ADDRESS SAREET ADDRESS CITY-ST-Z:P OITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY - ST - ZIP ___ Addition ☐ Delete TITLE Change THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY-ST-7IP 13. I horeby certify that the information supplied with this filling 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 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.