CR2E034 (4/03)

FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Sep 08, 2003 8:00 am Secretary of State L76457 **DOCUMENT #** 09-08-2003 90136 021 ***150.00 1. Entity Name HERE'S HOW VIDEO, INC. Principal Place of Business Mailing Address 2659 KERWOOD CIR 2659 KERWOOD CIR ORLANDO FL 32810 ORLANDO FL 32810 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3006841 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YEOMANS, GARY Street Address (P.O. Box Number is Not Acceptable) 2659 KERWOOD CIRCLE ORLANDO FL 32810 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Addition TITLE Delete TITLE YEOMANS, GARY T. NAME NAME 2659 KERWOOD CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 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 10 or Block 11 if

SIGNATURE:

Date

Daytime Phone #



SEPTEMBER 5,2003

DIVISION OF CORPORATION
UNIFORM BUSINESS REPORT FILINGS
POBOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN,

IF THERE WAS AN EARLIER MAILING FOR THE CORPORATE RENEWAL IT ABSOLUTELY WAS NOT RECEIVED.

T WAS SHOCKED AT THE SSO FEE AND THOUGHT

PLEASE ACCEPT THIS HANDWRITTEN STATEMENT

SINCERELY

Dary German HERE'S HOW VIDED, INC.

PRESIDENT