2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90993 004 ***150.00

CU059114

DOCUMENT # M29272

1. Entity Name

VIDEO-SCRIPT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~2801 UNIVERSITY DRIVE #205~~ ~~CORAL SPRINGS FL 33065~~	~~2801 UNIVERSITY DRIVE #205~~ ~~CORAL SPRINGS FL 33065~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2066 N. OCEAN BLVD., #12NW	165 EAST 66TH STREET, #15A
Suite, Apt. #, etc.: #12NW	Suite, Apt. #, etc.: #15A
City & State: BOCA RATON FL	City & State: NEW YORK NY
Zip: 33431 Country: USA	Zip: 10021 Country: USA

4. FEI Number: 59-2787148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, JAY A.
~~PERSHES & SCHWARTZ, P.A.~~
~~2801 UNIVERSITY DR., STE 205~~
~~CORAL SPRINGS FL 33065~~

7. Name and Address of New Registered Agent

Name: SAME AGENT (ADDRESS CHANGE ONLY)
Street Address (P.O. Box Number is Not Acceptable): 5851 HOLMBERG ROAD, UNIT 1814
City: PARKLAND **FL** Zip Code: 33067

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, 2001 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	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOUSEK, TERRY	NAME	
STREET ADDRESS	165 E 66TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOUSEK, TERRY	NAME	
STREET ADDRESS	165 E 66TH STREET	STREET ADDRESS	
CITY-ST-ZIP	~~NEW YORK NY~~	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Terry Sousek TERRY SOUSEK 4/26/01 (954) 527-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #