

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

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90088 015 ***550.00

DOCUMENT # *M30089*

1. Entity Name

VIDEO MASTERS OF FLORIDA INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2900 UNIVERSITY DR

3. Mailing Address
2900 UNIVERSITY DR

Suite, Apt. #, etc.
STE 39

Suite, Apt. #, etc.
STE 39

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
592655133

Applied For
Not Applicable

Zip
33065

Country
BROWARD

Zip
33065

Country
BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GARY KNOBEL**

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

2660 CARAMBOLA CIRCLE #304

City **COCONUT CREEK**

FL

Zip Code
33068

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

GARY A KNOBEL PRESIDENT

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
GARY A KNOBEL
2660 CARAMBOLA CIRCLE #304
COCONUT CREEK FL 33068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC
DIANNE KNOBEL
11825 ROYAL PALM BLVD #204
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

Date

Daytime Phone #

954-726-6290

CR2E034B (12/01)