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2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					The state of the s				
DOCUMENT # P00000001711						Fame bear	1,0		
1. Entity Name						05 NOV 16 PM 4: 49			
2000 STAR VIDEO, INC.									
				es	Lanasse Daten	STATE			
Principal Place of Business Mailing Address				<u> </u>	TA	TERRET	FLORIDA		
118 HIALEAH DRIVE		118 HIALEAH DRIVE			DEMAG	TATER	ACAIT -	1	
HIALEAH, FL 33010		HIALEAH, FL 33010			dan En	NENI D	<i>'</i> S		
2. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			1112005	REIN-P	CR2E098 (6/04)		
City & State		City & State			4. FEI Numbe	r	I A	pplied For	
					65-0976		├	ot Applicable	
Zip	Country	Zip Count		ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent				Name					
	EZ, RIGOBERTO		Stroat Address		(P.O. Box Number is Not Acceptable)				
8861 NW 1	142ND ST. KES, FL 33018	Sited Address		(F.O. Box Numbe	II IS INOLACCEPIABLE	, 			
I WILLY IN LOCAL									
	•			City			FL Zip Co	de	
9. The above served exists a phosite this statement for the surross of absociacy its excitators				ad affice or registe	ared agent or bet	h in the State of Ele		and accept	
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.									
11/15/2005									
SIGNATURE Signature_bipose of initied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
ı	.E NO W {!! FEE IS \$150.00 1uary 1, 2006, Fee will be \$300.i	00					vith s. 607,193(2)(b) not receive the prior		
<u></u>					ABBUTIONS	CHANGES TO OFF	OFFICA AND OURSECTOR	20 101 44	
TITLE	OFFICERS AND	Delete	11. TITL		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	Addition	
NAME	RODRIGUEZ, RIGOBERTO	E.J 061616	NAM	1			Onlingo		
STREET ADDRESS	8861 NW 142 ST.			EET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES, FL 33018		_	r-st-zip					
TITLE NAME		☐ Delete	TITI NAN	f			☐ Change	Addition	
STREET ADDRESS				EET ADDRESS	80	000617	764268 019 **150		
CITY-ST-ZIP			CIT	Y-ST-ZIP	11/29	9/0501073	019 **15U	1.00	
TITLE		Delete	TIT	l l			Change	☐ Addition	
NAME STREET ADDRESS			NAM STR	ME EET ADDRESS				1	
CITY-ST-ZIP				Y-ST-ZIP					
TITLE	,	☐ Delete	TIT	LE			☐ Change	Addition	
NAME			NA	- 1					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					
TITLE		☐ Delete	TITI				Change	Addition	
NAME		□ Detete	NAI				∟ change	Augulon	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP -			_	Y-ST-ZIP					
TITLE NAME		☐ Delete	TIT! NAI	1			☐ Change	Addition	
STREET ADDRESS				NEET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
12. I hereby	certify that the information supplied wit	h this filing does not qualify fo	r the ex	emption stated in S	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 changed, or on an attachment with an address with all other like empowered.									
SIGNATURE: 11/15/2005 (305)362-9/39									
İ	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Davime Phone :		