

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

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

05-15-2002 90065 041 ***150.00

DOCUMENT # **P00000049716**

1. Entity Name
iDVDBOX, INC. ✓

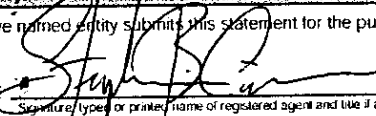
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6560 W. ROGERS CIRCLE		3. Mailing Address 6560 W. ROGERS CIRCLE	
Suite, Apt. #, etc. #14		Suite, Apt. #, etc. #14	
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA	
Zip 33487	Country USA	Zip 33487	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1031128	Applied For <input type="checkbox"/>
		Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name Stephen B. Cavayero	
		Street Address (P.O. Box Number is Not Acceptable) 6560 W. ROGERS CIRCLE	
		City BOCA RATON	Zip Code FL 33496

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.

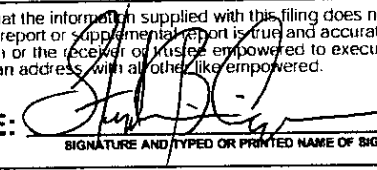
SIGNATURE:  DATE: **4-26-02**

Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p>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</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS	
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>CAVAYERO, STEPHEN B. 6560 W. ROGERS CIRCLE, #14. BOCA RATON, FLORIDA 33487</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>DO NOT WRITE IN THIS SPACE</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>DO NOT WRITE IN THIS SPACE</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>DO NOT WRITE IN THIS SPACE</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>DO NOT WRITE IN THIS SPACE</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>DO NOT WRITE IN THIS SPACE</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **4-26-02** (561) 995-5973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)