## **2001 UNIFORM BUSINESS REPORT (UBR)** May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000074740 1. Entity Name PARAMOUNTXWIDEOXINOX ANGELES VIDEO, INC 05-03-2001 90930 047 \*\*\*158.75 Principal Place of Business Mailing Address 6095 W. 19TH AVENUE #212 6095 W. 19TH AVENUE #212 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 5853 W. FLAGLER ST <u>5853 W. FLAGLER ST</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI, FL MIAMI FL 65-1030057 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 33144-3316 33144-3316 DADE DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERNANDEZ, ALEJANDRO FERNANDEZ. ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 6095 W. 19TH AVENUE #212 HIALEAH FL 33012 City MIAMI 33777 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete PSD TITLE NAME . NAME FERNANDEZ, ALEJANDRO FERNANDEZ, ALEJANDRO STREET ADDRESS STREET ADDRESS 6095 W. 19TH AVENUE #212 17041 SW 139th\_LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 FL☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: President 04/23/01 (305) 267-8844

President 04/23/01 (305) 267-8844

Daytime Phone #

Idress, with all other like empowered.