2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106454

FILED
01 MAR -1 AM 11: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
61833

[redacted]

1. Entity Name
SHOW TIMES VIDEO, INC.

Principal Place of Business	Mailing Address
2825 MAYFLOWER LOOP CLERMONT FL 34711	2825 MAYFLOWER LOOP CLERMONT FL 34711

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
01/26/01 90102 036 150.00

4. FEI Number 59-3683571 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NO CHANGE
~~SPIEGEL & UTRERA, P.A.~~ ~~Show Times Video, Inc~~
~~343 ALMERIA AVENUE~~ ~~2825 Mayflower Loop~~
~~CORAL GABLES FL 33134~~ ~~Clermont FL 34711~~
SPIEGEL & UTRERA - P.A.
343 Almeria Ave Coral Gables FL. 33134

7. Name and Address of New Registered Agent

Name ~~SHOW TIMES VIDEO, Inc.~~
Street Address (P.O. Box Number is Not Acceptable) ~~2825 Mayflower Loop~~
City ~~Clermont~~ FL Zip Code 34711

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 [redacted] 01/17/01
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ABUKHDAIR, ABDUL M 2825 MAYFLOWER LOOP CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ABED, FAIDEH M 2825 MAYFLOWER LOOP CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: A. Abukhdair ABDUL M. ABUKHDAIR 01/17/01 407-468-0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #