7/31/

FILED
Sep 06, 2001 8:00 am
Secretary of State
07-31-2001 90239 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112408

1. Entity Name
VIDEO ONE, INC

Principal Place of Business
10105 W. Okeechobee Rd.
Hialeah Gardens, FL 33018

Mailing Address
10105 WEST OKEECHOBEE ROAD
HIALEAH GARDENS FL 33018

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-1060617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FERRO, NOEL~~ ~~10105 WEST OKEECHOBEE ROAD~~ ~~HIALEAH GARDENS FL 33018~~	Name: MARITZA GONZALEZ Street Address (P.O. Box Number is Not Acceptable): 10909 W. Okeechobee Road #103 City: Hialeah Gardens FL Zip Code: 33018

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: NOEL FERRO MARITZA GONZALEZ 8/11/01
Signature(s) of authorized officer(s) of registered agent and type of 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 $550.00
After September 12, 2001 Fee will be $750.00
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	DPST ~~FERRO, NOEL~~ ~~10105 WEST OKEECHOBEE ROAD UNIT 102~~ ~~HIALEAH GARDENS FL 33018~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT- SECRETARY TREASURY MARITZA GONZALEZ 10909 W. Okeechobee Road #103 Hialeah Gardens, FL 33018	☒ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED PRESIDENT 305-558-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #