2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: =

Mar 27, 2002 8:00 am § Secretary of State P01000025707 DOCUMENT # 1. Entity Name GREETING VIDEOS, INC. 03-27-2002 90023 042 ***150 00 Principal Place of Business Mailing Address 8180 NW 38 STREET, SUITE 230 8180 NW 36 STREET, SUITE 230 MIAMI FL 33166 **MIAMI FL 33166** Principal Place of Business 3. Mailing Address 4625 NW 99 Ave 4625 NW 99 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 204 # 204 City & State 4. FEI Number Applied For 65-1108615 FL 1iami jami Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 331 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Slance (ES S) Street Abdress (P.O. Box Number is Not Acceptable) 4625 NW 99 Ave PEIXOTO, MARCIA 8180 NW 36 STREET, SUITE 230 **MIAMI FL 33166** 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 President (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ✓ Delete TITLE TITLE ■ Addition Blanco, Marcia P. 4625 NW 99 Ave. #204 Miansi, FL 33178 PEIXOTO, MARCIA NAME NAME 8180 NW 36 STREET, SUITE 230 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition BLANCO, JESUS Blanco, Jesus 4625 NW 99 Ave. # 204 NAME NAME 8180 NW 36 STREET, SUITE 230 STREET ADDRESS STREET ADDRESS 33178 MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Miami, ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED