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2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 01, 2002 8:00 am Secretary of State P01000069256 DOCUMENT # 1. Entity Name 04-01-2002 90033 032 ***150.00 WEST VERO VIDEOS, INC. Principal Place of Business Mailing Address -2887 BANYAN BLVD. CIR. -2007 BANYAN BLVD, CIR. BOCA RATON FL 33431--BOCA RATON FL 33431 > 2. Principal Place of Business 7656 Elmodge 7656 Elmridge Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-113 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired $\mathcal{U}_{\cdot}\mathcal{I}$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AVERBOOK, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 2887 BANYAN BLVD. CIR. BOCA RATON FL-99431 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D ☐ Addition TITLE ☐ Delete TITLE CR2E034 (9/01 AVERBOOK, CHARLES J NAME NAME 7656 Elmodge Or. Boca Rator, FC 38438 D, V.P., AS 2887 BANYAN BLVD. CIR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431-**CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition AVERBOOK, DEBORAH G NAME NAME 7656 Elmridge Or. Bosa Ratay FL 3343. STREET ADDRESS 2887 BANYAN BLVD. CIR. STREET ADDRESS BOCA RATON FL 33431 > CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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-7IP 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 changed, or on an attachment with an address, with all other like empowered.