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Secretary of State

04-14-2003 90859 001 ***450.00

55031881

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099683

1. Entity Name

THE SEXFILES.TV, INC.

Principal Place of Business	Mailing Address
1008 W. HALLANDALE BEACH BLVD.	1008 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33162	HALLANDALE FL 33162

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR ☐ 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
CHEVLIN, SANFORD Z ESQ.	Name
1008 W. HALLANDALE BEACH BLVD.	Street Address (P.O. Box Number is Not Acceptable)
HALLANDALE FL 33162	City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARTWRIGHT, JEFFREY G		NAME	
STREET ADDRESS	1008 W. HALLANDALE BEACH BLVD.		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33162		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENN, DON		NAME	
STREET ADDRESS	7021 SOULDER ST.		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19149		CITY-ST-ZIP	
TITLE		☐ Delete	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	
TITLE		☐ Delete	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	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 4-1-03 954-458-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/24/2003 01:18 9549241573 ESKAY ACCT PAGE 01
04/19/2002 00:44 9544547009 INTER ACCESS PAGE 02

Attachment

FROM : Eskay Accounting Service, Inc. PHONE NO. : 9545947074 Apr. 17 2002 07:24AM P2

SS03/88/P0100096083

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 01-0665043
OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
THE SEXFILES.TV, INC.

2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. Box)
1008 W HALLANDALE BEACH BLVD | 5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
HALLANDALE, FL 33009 | 5b City, state, and ZIP code

6 County and state where principal business is located
BROWARD, FL

7a Name of principal officer, general partner, grantor, owner, or trustor
JEFFREY CARTWRIGHT | 7b SSN, ITIN, or EIN
195-48-6753

8a Type of entity (check only one box)
- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 1120
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶

- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governmental/enterprises

Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State: FL | Foreign country:

9 Reason for applying (check only one box)
- ☒ Started new business (specify type) ▶ ____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ____
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year)
OCTOBER 15 2001

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ UNKNOWN

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "-0-"

Agricultural	Household	Other
0		

14 Check one box that best describes the principal activity of your business.
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Health care & social assistance
- ☒ Accommodation & food service
- ☐ Other (specify) AUDIO AND VIDEO
- ☐ Wholesale - agent/broker
- ☐ Wholesale - other
- ☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
N/A

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ TELVIEW, INC. Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
02/20/97	ATLANTA, GA	65-0730719

Third Party Designee
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
Designee's name | Designee's telephone number (include area code)
Address and ZIP code | Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶
Signature ▶ [signature] Date ▶ 4/17/02
Applicant's telephone number (include area code) 954-252-7190
Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form SS-4 (Rev. 12-2001)