FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90171 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000023541

1. Entity Name
VIDEO CRAFT CORP.

Principal Place of Business	Mailing Address
7220 NW 36 STREET SUITE 601 MIAMI, FL 33166	7220 NW 36 STREET SUITE 601 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
2385 NE 173 St	2385 NE 173 ST
Suite, Apt. #, etc. #A 208	Suite, Apt. #, etc. # A 208
City & State NORTH MIAMI BEACH	City & State NORTH MIAMI BEACH
Zip 33160 Country FL	Zip 33160 Country FL.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0616299 ☐ 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
LANZILOTTA, CARLOS 7220 NW 36 STREET SUITE 601 MIAMI, FL 33166	Name LANZILOTTA, CARLOS Street Address (P.O. Box Number is Not Acceptable) 2385 NE 173 ST #A 208 City NORTH MIAMI BEACH FL Zip Code 33160

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LANZILOTTA, CARLOS 7220 NW 36 STREET MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANZILOTTA CARLOS 2385 NE 173 ST. #A208 N. MIAMI BEACH FL 33160	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, DANIEL 7220 NW 36 STREET MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________________ 04/29/03 7863067367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #