2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P03000067171 1. Entity Name VIDEOPARATI.COM CORPORATION				.56	cretary of State
Principal Plac 770 SW 8TH MIAMI, FL 3		Mailing Address 770 SW 8TH STREET MIAMI, FL 33130			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04192005 No Chg-P 4. FEI Number 13-4255591 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
OCHOA, IS 770 SW 81 MIAMI, FL	SMAEL TH STREET			DO NOT W	
8. The above named entity gubmits 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 fille if applicable. (NOTE: Registered Agent signature required when refirstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIF	ECTORS .			
NAME STREET ADDRESS CITY-ST-ZIP	D OCHOA, ISMAEL 770 SW 8TH STREET MIAMI, FL 33130		U00000347783 04/30/05-80129-025 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Section 2 sectio		And the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		***************************************	IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP					APAR ARE SEC.
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 tife receiver or trusted 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Days Progree P					