

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400006030

1. Entity Name

Video Tyme Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

900 N. Hwy 301
Hawthorne, FL
32640

P.O. Box 158
Hawthorne, FL
32640

2. Principal Place of Business

900 N Hwy 301
Suite, Apt. #, etc.
105 Suite

3. Mailing Address

P.O. Box 158
Suite, Apt. #, etc.

9/18/00 90009/008 \$150.00
DO NOT WRITE IN THIS SPACE

City & State

Hawthorne, FL

City & State

Hawthorne, FL

4. FEI Number

59-3225040

Applied For

Not Applicable

Zip

32640

Country

Alachua

Zip

32640

Country

Alachua

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

Hatfield Anderson
4114 NW 13th St
Gainesville, FL 32609

Name Barbara M. Carlton

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 158 101 SW 5 Street

City Hawthorne

FL

Zip Code 32640

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

Barbara M. Carlton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Delete
NAME	William A. Carlton	
STREET ADDRESS	P.O. Box 158	
CITY-ST-ZIP	Hawthorne, FL 32640	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Barbara M. Carlton	
STREET ADDRESS	P.O. Box 158	
CITY-ST-ZIP	Hawthorne, FL 32640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Barbara M. Carlton

9/12/00

352-481-2441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)