

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007978

1. Entity Name

THE VIDEO SUPERSTORE, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90012 043 ***550.00

Principal Place of Business

5445 LAKE HOWELL RD
 WINTER PARK FL 32792
 US

Mailing Address

5445 LAKE HOWELL RD
 WINTER PARK FL 32792
 US

2. Principal Place of Business

4300 CLARCONA OCEAN RD
 Suite, Apt. #, etc.

3. Mailing Address

4300 CLARCONA OCEAN RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL
 Zip 32810 Country ORANGE

City & State

ORLANDO
 Zip 32810 Country ORANGE

4. FEI Number

59-3361438

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

LEVINE, ED
 5445 LAKE HOWELL RD
 WINTER PARK FL 32792

Name

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

4300 CLARCONA OCEAN RD

City

ORLANDO

FL

Zip Code

32810

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
 NAME LEVINE, ED
 STREET ADDRESS 5445 LAKE HOWELL RD
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE
 NAME
 STREET ADDRESS 4300 CLARCONA OCEAN RD
 CITY-ST-ZIP ORLANDO, FL 32810

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)