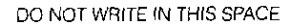


**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

U U U U U T



DOCUMENT # P96000013889

1. Entity Name  
VIDEO SHARE, INC.

Principal Place of Business  
8486 W. HILLSBOROUGH AVE  
TAMPA FL 33615

Mailing Address  
8486 W. HILLSBOROUGH AVE  
TAMPA FL 33615-3806

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

4. FEI Number 39-2218388  
Applied For  
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GONZALEZ, CARLOS A  
8486 W. HILLSBOROUGH AVE  
TAMPA FL 33615

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip 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.

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 \$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  
TITLE P GONZALEZ, CARLOS ALBERTO 11807 LANCASHIRE DR TAMPA FL 33626  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

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 organizations.

SIGNATURE: 3-17-00 (813) 243-7163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #