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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035623 1. Corporation Name

VIDEO DEPOT, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90170 041 ***150.00



Principal Place	e of Business	Mailing Address				
5260 NW 167 S	STREET	5260 NW 167 STREET				
MIAMI LAKES F	L 33014	MIAMI LAKES FL 33014		DO NOT MOTE	IN THE COACE	
					IN THIS SPACE	
				3. Date Incorporated or Qualifed		j
				04/24/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applie	
21		26	<u>-</u> .	65-0834721		pplicable
Suite, Apt	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Add	
22		27			Fee Requi	rea
City & State	e	City & State		6. Election Campaign Financing	□ \$5:00 Ma	, ,
23		28		Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Country	8. This corporation owes the current		
24	25	29 3		Personal Property Tax.		No
	9. Name and Address of C	Current Registered Agent		10. Name and Address of New Re	gistered Agent	
Au 1 #	ENOTE IN ALBERT D		81 Name	SAMMY SOMECOM	LEVICH	
	ERSTEIN, BARRY D	- T- W	82 Street	Address (P.O. Box Number is Not Acceptable	عا حد	
	NE 191 STREET STE 704	DELETE	- -	5260 N-W 1670	<u> </u>	
NO I	MIAMI BEACH FL 38180	P	83	,		į
	`		24 07 1		85 Zip Coo	<u></u>
			84 City	MAMY LANGS	FL 85 Zip Cox	44
11 Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Florida Statutes	s, the above-named	corporation submits this statement for the pu	rpose of changing its reg	istered
office or re	edistered agent or both in the	State of Florida, Such change was aut obligations of, Section 607.0505, Florid	nonzea by the como	ration's board of directors. I hereby accept	the appointment as regis	tered
agent, i ai	m tamiliar with, and accept the	obligations of, Section 607.0303, Florid	a Statutes.		a la la c	j
	(D. a. w. 12				7/53/69	j
SIGNATURE	SAMMY.	SMULEUICH	tegistered Agent signature re	equipper when reinstating)		— Ì
SIGNATURE	SIgnature, typed or printed name of register	SM Y LE UTCH ared agent and title if applicable (NOTE: R	legistered Agent signature re	aujused when reinstating) ADDITIONS/CHANGES TO OFFI		— IN 12
SIGNATURE	SIgnature, typed or printed name of register	SMULEUICH	egistered Agent signature re 13. 1.1 TITLE			IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of register OFFICER	SMULEUICH ered agent and title if applicable (NOTE: R RS AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registe OFFICES D SMULEVICH, SAMY	SMULEUICH ered agent and title if applicable (NOTE: R RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTORS	
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CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 of trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Pleat 13 or Plack 13 is placed for a state of the corporation or the receiver of trustee employered. CITY-ST-ZIP officer or director of the corporation or the recei-Block 12 or Block 13 if changed or on an attack

SIGNATURE:水