FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 29, 2002 8:00 am Secretary of State DOCUMENT # P96000038550 1. Entity Name 05-29-2002 90698 048 ***550.00 R & M VIDEOS, INC. Principal Place of Business Mailing Address 9978 W. OAKLAND PARK BLVD. 9978 W. OAKLAND PARK BLVD. SUNRISE FL 33351 SUNRISE FL 33351 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0710521 Not Applicable Zip~ Country---Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINI, GREGORY T Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD **SUITE 1101** CORAL GABLES FL 33134 City Zip 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME SUMON, RAY NAME STREET ADDRESS 6323 NW 26TH TERRACE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SUMON, MIKE NAME STREET ADDRESS STREET ADDRESS 9978 W. OAKLAND PARK BLVD. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

Addition

Daytime Phone #