Mailing Address

929 SUNRISE LANE

2a. Mailing Address

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FT. LAUDERDALE FL 33304

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600068157

1. Corporation Name

vyoudo, inc.

Principal Place of Business

FT. LAUDERDALE FL 33304

Suite, Apt. #, etc.

2. Principal Place of Business

929 SUNRISE LANE

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\$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip Zip □No Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KURRY, JONATHAN Z Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD SUITE 350, NORTH TOWER 83 HOLLYWOOD FL 33021 Zip Code 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME BYRNE, ROGER NAME 1.3 STREET ADDRESS 929 SUNRISE LANE STREET ADDRESS FT. LAUDERDALE FL 33021 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

| Chapter 3. | Cha JAN. 5. 1999.

FILED

Jan 25, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

08/15/1996 4. FEI Number

65-0702223

01-25-1999 90023 039 ***150.00

CR2E034 (11/98)