

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90261 011 ***150.00

DOCUMENT # *P96000101804 (8)*
Corporation Name *CAMDAY'S MARKED VIDEO, INC.*

Principal Place of Business *1860 N.E. 142nd,
N. MIAMI, FL 33181*
Mailing Address *1860 N.E. 142nd,
N. MIAMI, FL 33181*

Principal Place of Business *1860 N.E. 142nd,
N. MIAMI, FL 33181*
2a. Mailing Address *1860 N.E. 142nd,
N. MIAMI, FL 33181*
Suite, Apt. #, etc.
City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified *12/16/1996*
4. FEI Number *65-0721936*
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
*Prieto, Camilo
1860 N.E. 142nd Street
N. MIAMI, FL 33181*

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City *FL* 85 Zip Code

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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<i>Prieto, Camilo</i>	1.1 TITLE	
NAME	<i>Prieto, Camilo</i>	1.2 NAME	
STREET ADDRESS	<i>1860 N.E. 142nd Street</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>N. MIAMI, FL 33181</i>	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
TITLE	<i>Prieto, DAISY</i>	2.2 NAME	
NAME	<i>Prieto, DAISY</i>	2.3 STREET ADDRESS	
STREET ADDRESS	<i>1860 N.E. 142nd Street</i>	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	<i>N. MIAMI, FL 33181</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		3.1 TITLE	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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.

SIGNATURE: *C. Prieto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/23/99* 305-556-5221 Daytime Phone #

CR2E034 (11/98)