2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P97000027943 VIDEO TO GO, INC. 05-11-2001 90054 009 ***150.00 Mailing Address Principal Piace of Business C/O FAST-TAX 4030 SW 40TH AVE. 113 N FEDERAL HWY PEMBROKE PARK FL 33023 DANIA BEACH FL 33004 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0747582 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, GERALD Street Address (P.O. Box Number is Not Acceptable) 113 NORTH FEDERAL HWY DANIA FL 33004 Zip Code City 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. (NOTE: Registered Agent's gnature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition DOM ☐ Delete HORN, CINDY NAME NAME STREET ADDRESS STREET ADDRESS 3741 SW 41ST ST City-St-7I2 CITY-ST-ZIP HOLLYWOOD FL 33023 Addition Change VPD ☐ Delete TITLE TITLE NAME HORN, WILLIAM NAME STREET ADDRESS 3741 SW 41ST STREET STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP HOLLYWOOD FL 33023 Audition Change Delete TITLE D TITLE NAM² ADAMS, GERALD NAME STREFT ADDRESS STREET ADDRESS 113 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH FL 33004 Change Addition ☐ Delete TITLE HITE NAME NAME STREET ADDRESS STREST ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TAT: F NAME

the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information solve and accurate and that my signature shall have the same legal offset as if mode under a file of the certify that the information 13. I hereby certify that the information supplied with indicated on this report or supplemental report is we and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the recei changed, or on an attachment with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

STREET ADORESS

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CITY-ST-ZiP

CiTY-ST-7IP

☐ Delete

Addition