2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000059934 May 15, 2000 8:00 am Secretary of State THE DVD STORE, INC. 05-15-2000 90297 043 ***150.00 Principal Place of Business Mailing Address 2727 ULMERTON RD., STE. 210 2727 ULMERTON RD., STE. 210 CLEARWATER FL 33762-3369 CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address SECOND STREET N. 5 SECOND STREET N. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. 210 210 Applied For City & State City & State 4. FEI Number 59-3456668 Not Applicable ST PETERSONAL \$8.75 Additional 5. Certificate of Status Desired 33*7*01 33701 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANSON, PETER Street Address (P.O. Box Number is Not Acceptable) 2727 ULMERTON RD **STE 210 CLEARWTER FL 33762** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS B TITLE Change ☐ Addition ☐ Delete TITLE VANSON, PETER NAME NAME 25 SECOND STREET N. STE 210 STREET ADDRESS 2727 ULMERTON RD., STE. 210 STREET ADDRESS ST PETERSONLY 12 33701 CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 34622** Change **Addition** ☐ Delete TITLE ANTHONY ANTONEWITZ NAME 25 SECOND STREET N. STE 210 STREET ADDRESS STREET ADDRESS ST PETERSBURG IT 33701 -CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TIT1.E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

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 analysis, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NOTIONY ANTONEWITZ 4/27/2000 727-571-1040