


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

05-06-1999 90155 027 \*\*\*150.00

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|---|--|--|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |   |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P98000015430</b><br>1. Corporation Name<br><b>VIPERVIDEO, INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>2301 DALE MABRY HWY NORTH</b><br><b>SUITE B</b><br><b>TAMPA FL 33607</b>  |  |  | Mailing Address<br><b>2301 DALE MABRY HWY NORTH</b><br><b>SUITE B</b><br><b>TAMPA FL 33607</b>   |   |  |
| DO NOT WRITE IN THIS SPACE  |  |  |  |   |  |
| 3. Date Incorporated or Qualified<br><b>02/09/1998</b>  |  |  |  |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | 4. FEI Number<br><b>59-3519366</b>  |  |
| 24  |  | 25   |  | 29  |  |
| 26  |  | 27   |  | 30  |  |
| 9. Name and Address of Current Registered Agent<br><b>PENA, HENRY</b><br><b>2301 DALE MABRY HWY NORTH</b><br><b>SUITE B</b><br><b>TAMPA FL 33607</b>  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>D</b> <input type="checkbox"/> DELETE<br>NAME <b>PENA, HENRY</b><br>STREET ADDRESS <b>2301 DALE MABRY HWY. NORTH, SUITE B</b><br>CITY-ST-ZIP <b>TAMPA FL 33607</b>   |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <b>JOSEPH E ARBO DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1.2 NAME <b>2301 Dale Mabry Hwy Suite B</b><br>1.3 STREET ADDRESS <b>TAMPA FL 33607</b><br>1.4 CITY-ST-ZIP<br>2.1 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2.2 NAME <b>KHALIL ARBO</b><br>2.3 STREET ADDRESS <b>2301 DALE MABRY SUITE B</b><br>2.4 CITY-ST-ZIP <b>TAMPA FL 33607</b><br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |   |  |

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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)