

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015430

1. Entity Name

VIPERVIDEO, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90129 022 ***150.00

Principal Place of Business	Mailing Address
2301 DALE MABRY HWY NORTH SUITE B TAMPA FL 33607	2301 DALE MABRY HWY NORTH SUITE B TAMPA FL 33607-2548

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-3519366	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PENA, HENRY 2301 DALE MABRY HWY NORTH SUITE B TAMPA FL 33607

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	PENA, HENRY
STREET ADDRESS	2301 DALE MABRY HWY. NORTH, SUITE B
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input checked="" type="checkbox"/> Delete
NAME	ABDO, JOSEPH E
STREET ADDRESS	2301 DALE MABRY HWY STE B
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> Delete
NAME	ABDO, KHALIL
STREET ADDRESS	2301 DALE MABRY STE B
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, T
STREET ADDRESS	NAJEH CHALACHE
CITY-ST-ZIP	334 So. Hyde PARK AVE TAMPA FL 33606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Khalil Abdo

Date

4/27/00 813 254 6969

Daytime Phone #