

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91272 023 ***150.00

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DOCUMENT # P98000015430

1. Entity Name
VIPERVIDEO, INC.



Principal Place of Business
**334 SO HYDE PARK AVENUE
1ST FLOOR
TAMPA FL 33606**

Mailing Address
**334 SO HYDE PARK AVENUE
1ST FLOOR
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3519366**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENA, HENRY
334 SO HYDE PARK AVENUE
1ST FLOOR
TAMPA FL 33606**

Name **Mark E. Penn**
Street Address (P.O. Box Number is Not Acceptable)
334 So. Hyde Park Ave
City **Tampa** FL Zip Code **33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	ABDO, KHALIL	
STREET ADDRESS	334 SO HYDE PARK AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHALACHE, NAJEH	
STREET ADDRESS	334 S HYDE PARK AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	CP	<input type="checkbox"/> Delete
NAME	STAVRON, ALEX	
STREET ADDRESS	334 SO HYDE PARK AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Khalil Abdo**

4/23/03 813 254 6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)