

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000041300**

1. Corporation Name

VIDEO HITZ ONLINE, INC.

Principal Place of Business
6601 LYONS RD., SUITE D1
COCONUT CREEK FL 33073

Mailing Address
6601 LYONS RD., SUITE D1
COCONUT CREEK FL 33073

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90031 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

2. Principal Place of Business

21 **4100 N. Powerline Rd.**

2a. Mailing Address

26 **-same-**

Suite, Apt. #, etc.

22 **J-3**

Suite, Apt. #, etc.

27

City & State

23 **Pompano Beach, FL**

City & State

28

Zip

24 **33073**

Country

25 **USA**

Zip

29

Country

30

4. FEI Number

39-3513354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GSCHWEND, JULIE
6601 LYONS RD., SUITE D1
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name

Gschwend, Julie

82 Street Address (P.O. Box Number is Not Acceptable)

4100 N. Powerline Rd, Suite J3

83

84 City

Pompano Beach

FL

85 Zip Code

33073

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

Julie Gschwend
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/99

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **JULIE GSCHWEND**
STREET ADDRESS **4100 N. POWERLINE Rd., Suite J-3**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33073**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **Julie Gschwend**
1.3 STREET ADDRESS **4100 N. Powerline Rd, Suite J3**
1.4 CITY-ST-ZIP **Pompano Beach, FL 33073**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Julie Gschwend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/99

Daytime Phone #

(954) 971-4141

CR2E034 (5/99)

0034775