

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).

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

04-08-1999 90031 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4100 N. Powerline Rd.		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 05/04/1998	
Suite, Apt. #, etc. 22 J-3		Suite, Apt. #, etc. 27		4. FEI Number 39-3513354	
City & State 23 Pompano Beach, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33073	Country 25 USA	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Gschwend, Julie 6601 LYONS RD., SUITE D1 COCONUT CREEK FL 33073				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> 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		85 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 7/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JULIE GSCHWEND	1.2 NAME Julie Gschwend
STREET ADDRESS 4100 N. POWERLINE Rd., Suite J-3	1.3 STREET ADDRESS 4100 N. Powerline Rd, Suite J3	CITY-ST-ZIP POMPANO BEACH, FL 33073	1.4 CITY-ST-ZIP Pompano Beach, FL 33073
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 7/1/99 DAYTIME PHONE #: (954) 971-4141

CR2E034 (5/99)