PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094027

1. Corporation Name

VIDEOTEK NETWORK CORPORATION

Mailing Address

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90107 033 ***158.75



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21150 POINT PLACE. - AVENTURA FL 33180		21150 POINT PLACE. UNIT #1004 AVENTURA FL 33180						
•					DO NOT WRITE IN THIS	SPACE_		
					3. Date Incorporated or Qualifed			
		•			11/05/1998		J	
2. Principal Place o	of Busipess	2a. Mailing Address	1	1/ 1	4. FEI Number	17	Applied For	
21 1111 Kans	1' 10- 10/1/21	26 21/50 Poi4+ Mace	· //	41 + 1004	165-0888450		Not Applicable	
Suite, Apt. #, etc	- Ida Corid (101112)	Suite, Apt. #, etc.		-1. -1. 		\$8.75	Additional	
22 201	-F	27 1004			5. Certifcate of Status Desired	Fee	Required	
City & State 1.1		City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23 Bay Ma	arbor Island, A	28 Averture,	F	/ 	Trust Fund Contribution	Adde	d to Fees	
24 33/54	Country SA	$\frac{Zip}{29}$ 33/80 $\frac{Cor}{30}$		(SA)	This corporation owes the current year In Personal Property Tax.	☐ Yes_	No.	
9.	Name and Address of Current Re	egistered Agent	_		10. Name and Address of New Registered	Agent		
			81	Name				
LAGUTENKO, ALEX				Street Addre	ess (P.O. Box Number is Not Acceptable)			
21150 POINT PLACE, UNIT #1004				Juout Audie	adiooc (1.45, box indinion to the mooplessor)			
AVENTUR	IA FL 33180		83					
				_	· .			
			84	City	FL	85 Zi	p Code	
44 Dureupot to the	provisions of Sections 607 0502 ar	nd 607 1508 Florida Statutes, the	above	e-named corpo	pration submits this statement for the purpose of	changing	its registered	
office or registe	ered agent, or both, in the State of F	lorida. Such change was authorize	d by	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as	registered	
agent. I am fam	niliar vitti, and accept the obligation	s of, Section 607.0505, Florida Sta	tutes	•	2/2/20-	**		
SIGNATURE	$R \cup X / \cup X \cup$	Mey CO,		nt signature required) 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	
	ur, typed or printed name of registered agent and OFFICERS AND D			nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
12.	OFFICERS AND L		ITLE		ADDITIONS/CHANGES TO OFFICERS A	Chang		
	NITENICO ALEV							
	GUTENKO, ALEX		AME					
	50 POINT PLACE, UNIT #1004			ADDRESS				
CITY-ST-ZIP AVE	ENTURA FL 33180		ITY-S	T-ZIP				
TITLE		DELETE 2.17	TLE		·	☐ Chang	e	
NAME		2.2 M	IAMÉ				ł	
STREET ADDRESS		2.3 5	TREET	TADDRESS			ļ	
CITY-ST-ZIP		2.4	CITY-S	ST-ZIP				
TITLE		DELETE 3.17	πLE			Chang	e 🗌 Addition (
NAME		3.21	IAME				ĺ	
STREET ADDRESS		335	TREE	T ADDRESS			}	
			CITY-S		•		l	
CITY-ST-ZIP TITLE			TILE			☐ Chang	e - Addition	
			VAME				_	
NAME				* * * * * * * * * * * * * * * * * * * *			Ì	
STREET ADDRESS		1		TADORESS			l	
CITY-ST-ZIP			ITY-S	T-ZIP		Chass	e Addition	
TITLE		☐ DELETE 5.11				Chang	e Nagolilou	
NAME			IAME				l	
STREET ADDRESS		5.3 \$	TREE	ADDRESS			l	
CITY-ST-ZIP			TY-S	T-ZiP	<u> </u>]	
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NAME	•	6.21	IAME	,,,	1000年6月1日 阿拉斯斯特里克斯斯斯德	$M_{ij}^{sq} = \kappa$	Y,	
•		6.3 5	TREE	ADDRESS	· · · · · · · · · · · · · · · · · · ·	الله الله الله	f	
STREET ADDRESS			TY-S	1		1200 400		

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 of the receiver or trusted 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 for principles of the corporation of the corporati

SIGNATURE: