## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE

with an address

URE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P98000106191 May 16, 2000 8:00 am Secretary of State 1. Entity Name JENNETTE VIDEO, INC. 05-16-2000 90082 045 \*\*\*150.00 Principal Place of Business Mailing Address 14345 SOUTHWEST 57TH LANE 14345 SOUTHWEST 57TH LANE SUITE 2 SUITE 2 MIAMI FL 33183-1060 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address 2169 w Flagler 2169 STYCET. w DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0882852 **Florida** tiami mami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33138 US. US. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMAY, JORGE Street Address (P.O. Box Number is Not Acceptable) 14345 SOUTHWEST 57TH LANE SUITE 2 MIAMI FL 33183 Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. mai SIGNATURE itle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is ligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Defete TITLE PD. Romay, JENNETTE 2169 W Flagler Street. NAME NAME ROMAY, JENNETTE STREET ADDRESS STREET ADDRESS 14345 SOUTHWEST 57TH LANE CITY-ST-ZIP mann, 41. 33135 CITY-ST-ZIP **MIAMI FL 33183** TITLE **Change** ☐ Addition TITLE ☐ Delete Romay, JORGE 2169 w. flag ROMAY, JORGE NAME w. #1991erstreet. STREET ADDRESS 14345 SOUTHWEST 57TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mani **MIAMI FL 33183** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME · . . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE MAME NAME STREET ADDRESS 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if