

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002638

1. Entity Name

INTERNET VIDEO NETWORK, INC.

Principal Place of Business

Mailing Address

4400 Northwest 19th Ave.
Suite B
Pompano Beach, FL 33064

2. Principal Place of Business

3. Mailing Address c/o Sheldon Engelhard

5355 Town Center Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
801

City & State

City & State
Boca Raton, FL

4. FEI Number

65-0885930

Applied For

Not Applicable

Zip

Country

Zip

Country

33486

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Spiegel & Utrera, P.A.
343 Almeria Ave.
Coral Gables, FL 33134

Name Sheldon Engelhard, P.A.

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

5355 Town Center Rd., Suite 801

City

Boca Raton

FL

Zip Code
33486

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO; D ☒ Delete
NAME Eric Reichenbaum
STREET ADDRESS 4400 Northwest 19th Ave.
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE P; D ☒ Change ☐ Addition
NAME Eddy Marin
STREET ADDRESS 4400 Northwest 19th Ave., Suite B
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE CE; D ☐ Delete
NAME Eddy Marin
STREET ADDRESS 4400 Northwest 19th Ave.
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE S ☒ Change ☐ Addition
NAME Eric Reichenbaum
STREET ADDRESS 4400 Northwest 19th Ave.
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE P; D ☐ Delete
NAME Shawn K. McNamara
STREET ADDRESS 4400 Northwest 19th Ave.
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

954-979-0061

CR2E034 (9/99)