

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90008 004 ***150.00

DOCUMENT # P99000048701

1. Entity Name

USFS VIDEO, INC.

Principal Place of Business

14101 NORTHWEST 4TH STREET
 SUNRISE FL 33325

Mailing Address

12717 WEST SUNRISE BOULEVARD
 419
 SUNRISE FL 33323

2. Principal Place of Business

11420 Interchange Circle N.
 Suite, Apt. #, etc.

3. Mailing Address

11420 Interchange Circle N.
 Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

4. FEI Number

65-0923589

Applied For

Not Applicable

Zip

Country

33025 Broward

Zip

Country

33025 Broward

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 AVENUE
 CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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, 2001 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 Delete
 NAME PD
 FARMER, DONALD L
 STREET ADDRESS 14101 NORTHWEST 4TH STREET
 CITY-ST-ZIP SUNRISE FL 33325

Change Addition
 TITLE
 NAME
 STREET ADDRESS 11420 Interchange Circle North
 CITY-ST-ZIP Miramar, FL 33025

TITLE Delete
 NAME STD
 FARMER, JULIANNE
 STREET ADDRESS 14101 NORTHWEST 4TH STREET
 CITY-ST-ZIP SUNRISE FL 33325

Change Addition
 TITLE
 NAME
 STREET ADDRESS 11420 Interchange Circle North
 CITY-ST-ZIP Miramar, FL 33025

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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Change Addition
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 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: *x Donald L Farmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 FEB 01

Date

954-744-3420

Daytime Phone #

CR2E034 (10/00)