

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90118 045 \*\*\*150.00

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AV

DOCUMENT # **P99000048701**



1. Entity Name  
**USFS VIDEO, INC.**

Principal Place of Business <b>7503 NW 168TH STREET MIAMA FL 33015 US</b>	Mailing Address <b>7503 NW 168TH STREET MIAMI FL 33015 US</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0923589**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FARMER, DONALD L</b>	
STREET ADDRESS	<b>11420 INTERCHANGE CIRCLE NORTH</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FARMER, DONALD L</b>	
STREET ADDRESS	<b>7503 NW 168TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI-FL 33015</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>FARMER, JULIANNE</b>	
STREET ADDRESS	<b>7503 NW 168TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>GM</b>	<input type="checkbox"/> Delete
NAME	<b>PHILPOT, GERALD W</b>	
STREET ADDRESS	<b>7503 NW 168TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Farmer, Donald L.</b>	
STREET ADDRESS	<b>7503 NW 168th Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33015</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/03**      **954-557-1073**  
Date      Daytime Phone #

CR2E034 (10/02)