**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000066023					Jul 19, 2001 8:00 am Secretary of State				
HipVi	deos Incorporated			R)	07-19-2001 90	)234 033 **	**150.0	0	
Principal Place of Business		Mailing Address							
6910 N.W. 2ND. TERRACE BOCA RATON FL 33487		6910 N.W. 2ND. TERRACE BOCA RATON FL 33487			n~				
	•					<u> </u>			
2. Principal Place of Business		3. Mailing Address							
Suite Apt #, etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Numb	4. FEI Number 65-0993761:			phea For	]
Ζιρ	Country	Zip .	Country		e of Status Desired	\$8	3.75 Add		
	6, Name and Address of Current	Registered Agent		7. Name and	d'Address of New Ro	<u> </u>			
<i>j.</i>			Name						-
LACY, WILLIAM R			Street Addre	ess (P.O. Box Number is Not Acceptable)					
	V. 2ND. TERRACE ATON FL 33487							1	
500////	1101111 2 00 101		City			FL	Zip Cod	e	
8. The above	e named entity submits this statement fo	r the purpose of changing its r	egistered office or regi	istered agent, or bo	oth, in the state of Flo	rida.			
			•		•				
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature red	quired when reinstating)	To State and the second second second	DATE	<del>,</del>		١.
FILE NOW:				5.00 May Be ided to Fees					
10.	OFFICERS AND DIF	BECTORS	11,	ADDITIONS (CL	ANGES TO OFFICE	SE AND DIDE	TOPS IN	10	$\frac{1}{4}$
101.	PD	Delete	TITLE	ADDITIONS/CI	IANGES TO OFFICE		Change	Addition	Ę
NAME STREET ADDRESS	LACY, WILLIAM R 6910 N.W. 2ND. TERRACE		NAME						(10/00
CITY-ST-ZIF	BOCA RATON FL 33487		STREET ADDRESS CITY-ST-ZIP						F037
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NAME STREET 400RESS	LACY, LUCILLE A 6910 N.W. 2ND. TERRACE		NAME STREET ADDRESS						
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The state of the s			CITY-ST-ZIP			1.			
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12. I nereby 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 of changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Signature | S

AHachment AU18318

7/1/01

To: Department of State Corporations Division

From: William R. Lacy, President HipVideos Incorporated, S-Corporation, EIN# 65-0993761, Document No. P99000066023

We kindly ask that you please accept our check in the amount of \$150.00 for our annual renewal for HipVideos Incorporated. We have lost or did not receive the original form for the renewal. When we called the Corporations Division the other day, the lady told us, if we send you this letter of explanation along with the Annual Report Form, and the check, that it could be accepted, and the late fee would be waived. Please contact us at the telephone number below if there are any problems. Thank you.

Sincerely,

William K. Lacy Pres

William R. Lacy,

President

HipVideos Incorporated--

6910 NW 2<sup>nd</sup> Terrace

Boca Raton, Florida 33487

561 912-9002

561 912-9003 Fax