2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900098073 1. Entity Name

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

J.F. S. VIDEO ENTERPRISES, INC.							01-20-2001 90026 048 ***158.75				
Principal Place of Business 123317 S.W. 112TH STREET MIAMI FL 33176 2. Principal Place of Business			Mailing Address 123317 S.W. 112TH STREET MIAMI FL 33176				C0006853				
			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			4. FEI Number 65-0960539 Applied For Not Applicable				
Zip Country		Zip	Zip Country		5. C	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	1	
<u> </u>	6. Name	and Address of Curren	t Registered Agent		- 1 - 2	7. N	ame and Address of New				1_
SNYDER, JOHN F 12317 S.W. 112TH STREET MIAMI FL 33176				Name Street Addre		dress (P.O. Bo	ox Number is Not Acceptab	ile)			
					City			FL	Zip Code	e	1
Tax filing (oration is eligi	or printed name of registered ager ble to satisfy its Intangib and elects to do so.	e FILE NO After MAY 1,	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
11	T D) (D)	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OF				1 _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SNYDER, 12317 S.W MIAMI FL	. 112TH STREET	☐ Delete		1.	123/7 MIAM	SNYDER 3 S.W. 112-ST		©∕Change F. SR	Addition Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T\$ SNYDER, 12317 S.W MIAMI FL	/. 112TH STREET	☐ Delete		E	S Snyd <i>ek</i>	R, TERESA M. S.W. 112 STRI FL. 3318	eer	Change	Addition	CRO
NAME STREET ADDRESS CITY-ST-ZIP			Délète****		ع ج	T NYDEI 12 17 MIAMI	R, TERESA S.W. 112 STA , FL . 3318		· Change ~~	Addition-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E Et address	· /	R JOHN .F. S.W. 112 STA	JR.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 1	ſ				☐ Change	☐ Addition	
indicated of the cor	l on this repor rporation or th	t or supplemental report e receiver or trustee emp	h this filing does not qualify is true and accurate and the sowered to execute this rep with all other like empower	at my signat ort as requi	ture shall hav	e the same le	egal effect as if made unde	oath; that I ar	n an officer	or director	