

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106110

1. Entity Name

AMERICAN DVD, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90028 017 ***150.00

Principal Place of Business

1717 N. BAYSHORE DRIVE
SUITE 2750
FL 33132

Mailing Address

1717 N. BAYSHORE DRIVE
SUITE 2750
MIAMI FL 33132

2. Principal Place of Business

4815 N.W. 79th AVENUE

Suite, Apt. #, etc.

SUITE #2

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Address

4815 N.W. 79th AVENUE

Suite, Apt. #, etc.

SUITE #2

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

4. FEI Number

65-0968373

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

LEVINE, ALAN W ESQ.
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

5-1-00
10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
OLIVIERI, RICCARDO
1717 N. BAYSHORE DRIVE
MIAMI FL 33132

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

R. OLIVIERI, off.

R. OLIVIERI, off.

4-17-00

305-477-4650

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)