

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108326

1. Entity Name

NETVIDEO NETWORKS, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90073 008 ***150.00

Principal Place of Business		Mailing Address	
3957 NE 163RD STREET NORTH MIAMI FL 33160		3957 NE 163RD STREET NORTH MIAMI FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
B & C CORPORATE SERVICES, INC. 201 S BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131		Name: ERIC LEFKOWITZ Street Address (P.O. Box Number is Not Acceptable): 3957 N.E. 163 ST City: N. MIAMI BEACH FL Zip Code: 33160	

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 2/18/00

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> CBO <input type="checkbox"/> Delete NAME: ROSEN, MELVIN STREET ADDRESS: 3957 NE 163RD STREET CITY-ST-ZIP: NORTH MIAMI FL 33160	TITLE: <input type="checkbox"/> Delete NAME: ERIC LEFKOWITZ STREET ADDRESS: 3957 N.E. 163 ST. CITY-ST-ZIP: N. MIAMI BEACH FL 33160	TITLE: <input checked="" type="checkbox"/> EXECUTIVE VICE PRESIDENT <input type="checkbox"/> Addition NAME: ERIC LEFKOWITZ STREET ADDRESS: 3957 N.E. 163 ST. CITY-ST-ZIP: N. MIAMI BEACH FL 33160	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DOMINIQUE SADA STREET ADDRESS: 3957 N.E. 163 ST. CITY-ST-ZIP: N. MIAMI BEACH FL 33160
TITLE: <input type="checkbox"/> Delete NAME: C.O.O. ADAM TAYLOR STREET ADDRESS: 3957 N.E. 163 ST CITY-ST-ZIP: N. MIAMI BEACH FL 33160	TITLE: <input type="checkbox"/> Delete NAME: DENNIS DEVLIN STREET ADDRESS: 3957 N.E. 163 ST. CITY-ST-ZIP: N. MIAMI BEACH FL 33160	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SCOTT HOUSEFIELD STREET ADDRESS: 3957 N.E. 163 ST. CITY-ST-ZIP: N. MIAMI BEACH FL 33160	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: LARRY WEINSTEIN STREET ADDRESS: 3957 N.E. 163 ST CITY-ST-ZIP: N. MIAMI BEACH FL 33160
TITLE: <input type="checkbox"/> Delete NAME: DIRECTOR LARRY WEINSTEIN STREET ADDRESS: 3957 N.E. 163 ST CITY-ST-ZIP: N. MIAMI BEACH FL 33160	TITLE: <input type="checkbox"/> Delete NAME: DIRECTOR NICKOLAS VAN DER LINDEN STREET ADDRESS: 3957 N.E. 163 ST CITY-ST-ZIP: N. MIAMI BEACH FL 33160	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:

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 another like empowered.

SIGNATURE: 2/18/00 305-947-3010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)