FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90029 004 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S16340**

1. Corporation Name

VIDEO BROCHURES, INC.

Principal Place	e of Business	Mailing Address			1 (BBI(BIB (B))) and anisan (till bib)) bari and		1 81811 1 111 1141
1881 NE 26 STREET 1881 N.E. 26TH STREET							
STE 212A STE 212A					DO NOT WEITE IN TH	10 0D40E	
FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305					DO NOT WRITE IN TH	S SPACE_	
US	_	us 			3. Date Incorporated or Qualifed 11/30/1990		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21		26			65-0237894		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	🕽 May Be
23		28			Trust Fund Contribution	Addec	d to Fees
Zip	Country	Zip	Country		This corporation owes the current year I		
24	25	29 3	<u>o]</u>		Personal Property Tax.	Yes	₽No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
MAR	TINI, GREGORY T.		81	Name			
	LEJEUNE RD SUITE 1101		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134		83				
			84	City		85 Ziç	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was aut	horized by	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing i	ts registered registered
OTOTATIONE	Signature, typed or printed name of registered agent			nt signature req	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSDT ·	☐ DELETE	1.1 TITLE		·	Change	e
NAME	MARTINI, ERIC T.		1.2 NAME				i
STREET ADDRESS	1881 NE 26 STREET, #212A		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 2.11		2.1 TITLE	1		Change	e Addition
NAME			2.2 NAME				
STREET ADDRESS	•		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE			3.1 TITLE	- [⊡ Change	B ☐ Addition
NAME			3.2 NAME	ĺ			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			Addition .
TITLE	•	☐ DELETE	4.1 TITLE		·	Change	B Addition
NAME			4. 2 NAME	}			
STREET ADDRESS			4.3 STREET	FADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			- FT Addition
TITLE		☐ DELETE	5.1 TITLE			Change	e
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		C Belett	5.4 CITY-S	1-ZIP			N
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
CTOCKT ADDRESS	1		6.3 STREET	ADUKESS I			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP