

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S41805 (0)

1. Corporation Name  
VIDEO EXTRAVAGANZA, INC.

Principal Place of Business

8950 STATE ROAD 84  
DAVIE FL 33328

Mailing Address

8950 STATE ROAD 84  
DAVIE FL 33328

U we moved a few  
doors down

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1991

4. FEI Number

65-0257104

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8862 ST RO 84

2a. Mailing Address

26 8862 ST RO 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAVIE FLA

City & State

28 DAVIE, FLORIDA

24 33324 25 USA

29 33324 30 USA

9. Name and Address of Current Registered Agent

DUBROW, ALAN  
2840 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

2832 ← Changed  
moved

10. Name and Address of New Registered Agent

81 Name DUBROW ALAN

82 Street Address (P.O. Box Number is not Acceptable)

2832 UNIVERSITY DRIVE

83

84 City

CORAL SPRINGS

FL

85

Zip Code 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

~~PETER PALAZZOTO~~ CHANGED ADDRESS ONLY

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PALAZZOTO, PETER  
STREET ADDRESS 8950 STATE RD. 84  
CITY-ST-ZIP DAVIE FL 33328 ☐ DELETE

TITLE VSD  
NAME PALAZZOTO, MICHELE  
STREET ADDRESS 8950 STATE RD. 84  
CITY-ST-ZIP DAVIE FL 33328 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

PETER PALAZZOTO

1/20/98 9544728197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0295098

CR2E034 (10/97)