## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **V46659** 1. Entity Name VIDEO DISTRIBUTOR, INC. 03-20-2000 90055 048 \*\*\*150.00 Mailing Address Principal Place of Business 3521 ENVIRON-BEVD B 304 3521 ENVIRON BEVD B-304 TOYT SOUTHAMTON TERR# 306 7647 SOUTHAMPTON TELL #306 626553 TAMARAC, FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0344143 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISS, IRVING Street Address (P.O. Box Number is Not Acceptable) 7647 SOUTH AMPTON TERR. #306 3524-ENVIRON-BEVD TAMARAC, PL 33321 #B-904-LAUDERHILL 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 DATE Signature, typed or printed name of registered agent and title if applicable. . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. D TITLE Addition TITLE ☐ Delete WEISS, IRVING NAME NAME 7647 SOUTHAMTON TERSTREET ADDRESS 3521 ENVIRON-BEVD-B-804 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL TAMARAC FL 33321 Change ☐ Addition TITLE Delete TITLE WEISS, HELEN NAME 3521-ENVIRON-BLVD-B-804 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAMBERHILL EL CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytinte Phone #