

DOCUMENT # P99000065515

1. Entity Name

VIDEO USA OF HOLIDAY, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90013 012 ***150.00

Principal Place of Business: 10 5TH ST VALLEY STREAM NY 11581
Mailing Address: 10 5TH ST VALLEY STREAM NY 11581-1245

2. Principal Place of Business, 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip, Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 113499359 Applied For/Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.1: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. President FRED HANDSMAN, 10 FIFTH STREET, VALLEY STREAM, NY 11581

12.1: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Change, Addition

11.2: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Delete

12.2: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Change, Addition

11.3: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Delete

12.3: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Change, Addition

11.4: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Delete

12.4: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Change, Addition

11.5: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Delete

12.5: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Change, Addition

11.6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Delete

12.6: 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)(l), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/25/00 Daytime Phone #: 716 825 9030