

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90076 038 \*\*\*150.00

U3081010

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J81333**

1. Corporation Name  
**SENDEREY VIDEO PRODUCTION, INC.**

Principal Place of Business 4967 NW 67TH AVENUE LAUDERHILL FL 33319	Mailing Address 4967 NW 67TH AVENUE LAUDERHILL FL 33319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/07/1987</b>	
21		26		4. FEI Number <b>59-1586413</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEVENSON, RICHARD E 499 NW 70TH AVE. <del>STE 116</del> PLANTATION FL 33317				81. Name	SENDEREY EFRAIM		
				82. Street Address (P.O. Box Number is Not Acceptable)	4967 67th AVENUE		
				83.			
				84. City	LAUDERHILL	85. Zip Code	33319

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 \_\_\_\_\_ DATE **1/24/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENDEREY, EFRAIM	1.2 NAME	SENDEREY, EFRAIM
STREET ADDRESS	6087 NW 67TH AVE	1.3 STREET ADDRESS	4967 NW 67th AVE
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	LAUDERHILL FL 33319
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENDEREY, BEATRICE	2.2 NAME	SENDEREY, BEATRICE
STREET ADDRESS	4967 NW 67TH AVE.	2.3 STREET ADDRESS	4967 NW 67th AVE
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	LAUDERHILL FL 33319
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **1/24/99** (954) 742 6999

CR2E034 (1/98)