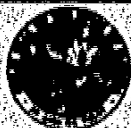


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14421 (6)

1. Corporation Name

SOUTH FLORIDA VIDEO PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**C/O KRIS MICHAEL LAHAM
BOX 630277
MIAMI FL 33163**

**C/O KRIS MICHAEL LAHAM
BOX 630277
MIAMI FL 33163**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/06/1989

3a. Date of Last Report

04/12/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0157439

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAHAM, KRIS MICHAEL
19100 NE 20TH CT
N MIAMI BCH FL 33179**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **LAHAM, KRIS MICHAEL**
STREET ADDRESS **19100 NE 20TH CT**
CITY-ST-ZIP **N MIAMI BCH FL**

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

TITLE **DT'S**
NAME **SISKIND, ANDREA JOY**
STREET ADDRESS **19100 NE 20TH CT**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

2.1 TITLE **DT'S** Change Addition
2.2 NAME **LAHAM, ANDREA JOY**
2.3 STREET ADDRESS **19100 N.E. 20TH CT**
2.4 CITY-ST-ZIP **NO. MIAMI BEACH, FL**

TITLE **D**
NAME **SISKIND, ROBERTA LYNNE**
STREET ADDRESS **1990 NE 195 DR.**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

KRIS M. LAHAM

4/10/95 (305) 931-7048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(10)

Daytime (Year)