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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000038513 (6)

1. Corporation	ES VIDEO, INC.							
Principal Place of Business Mailing Address							4 DEFENT ORGANI DEFENT TIMBON OTTO TOWN	
4322 W. CRE TAMPA FL 33		4322 W. CREST AVENUE TAMPA FL 33614	4322 W. CREST AVENUE TAMPA FL 33614					
					<ol> <li>Date Incorporated or Qu 05/26/1993</li> </ol>	I '	ate of Last Report 02/15/1995	
	nce of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			39-2216343	39-2216343 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc 27			5. Certificate of Status Desi	red 🔲	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Finan     Trust Fund Contribution	cing 🔲	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Z(p 29	Zip Country 30			8. This corporation has liability for intangible tax under s 199.032,     Florida Statutes		
	g. Name and Address of Current	Registered Agent			10. Name and Address of	New Registere	d Agent	
			81	Name				
LIROT, L			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	ignolia dr. Yater fl 34624		83	<del> </del>				
			9.4	City			ee 7m Code	
	o the provisions of Sections 607,0502 a					F		
or registere familiar with SIGNATURE	ad agent, or both, in the State of Florid, h, and accept the obligations of, Section (Section 1) and accept the obligations of Section (Section 1) and the obligation of the obligation obligation of the obligation of the obligation obligatio	i. Such change was authorized n 607:0505, Florida Statutes	I by the corp	ioration's	Finance of directors. Thereby accept the	ne appointment a	as registered agent. Lann	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES T	O OFFICERS AN	ND DIRECTORS IN 12	
TITLE	D	DELETE	1 1 TITLE		0		Change Addition	
NAME	BANJANY, EDMUND JR		1.2 NAME		ROBERT PREMOER	6A3T		
STREET ADDRESS CITY - ST - ZIP	4322 W. CREST AVENUE TAMPA FL 33614		1.3 STREE	ADDRESS	TAMPA FL 336	11		
THLE	TAMIL OOLS	☐ DELETE	2 1 16 LE	21 - 211	15144 12 330	<u>'. I</u>	Change Addition	
NAME		<del>-</del>	2.2 NAME				_ ,	
STREET ADDRESS			2.3 S18E6	ADDRESS				
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	2 4 CITY - 5	ST - ZIP				
TIFLE		DÉLETE	3 1 TITLE				Change Addition	
NAME STREET ADDRESS			3 2 NAME					
City-St-ZiP			3.3 STREE	LADORESS				
TITLE		DELETE	4 1 1 TLE	01.71			☐ Change ☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4 3 STREE	ADDRESS	:			
CITY - ST - ZIP			4.4.0-1Y-5	ST - ZIP				
TITLE		☐ DELETE	5 1 THTLE				Change Addition	
NAME PERCENTAGEORGE			5.2 NAME					
STREET ADDRESS  CITY-ST-ZIP				LADORESS				
THLE		DELETE	5 4 CITY - S 6 1 TITLE	) 1 - 2 IF			☐ Change ☐ Addition	
NAME		-	€ 2 NAME					
STREET ADDRESS			6.3 STHEE	ADOFESS				
CITY-ST-ZIP			6 4 O(TY - 5					
certify that oath; that I	certify that the information supplied with the information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 if changed, or or	l report or supplemental annua den or trie receiver or trustee i	el report is tra en powered	be and ac	nourate and that my signature shall ha	ive the same lea.	al effect as if made under	
SIGNAT	URE: SIGNATURE AND TYPED OR	OUYOU OF DE OFFICER	OR DIRECTOR		4-26-	96 8	76-8983 Dayline Phone #	