

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

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043332

1. Corporation Name

MOVING PICTURE ELECTRONIC SERVICES, INC.

Principal Place of Business

Mailing Address

748 N. Victoria Park Road 748 N. Victoria Park Road
Ft. Lauderdale, FL 33304 Ft. Lauderdale, FL 33304

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

Alan B. Schneider
11077 Biscayne Boulevard
Penthouse
North Miami, Florida 33161

81 Name
82 Gary L. Brown, Esq.
83 Street Address (P.O. Box Number is Not Acceptable)
Bedzow, Korn, Brown, Miller & Zemel, P.A.
20803 Biscayne Boulevard, Suite 200
84 City
Aventura
85 Zip Code
FL 33180

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when not changing)

4/30/99

12. OFFICERS AND DIRECTORS

11 TITLE PSTD
NAME WELLS, DAVID
STREET ADDRESS 748 N. Victoria Park Road
CITY-ST-ZIP Ft. Lauderdale, FL 33304
12 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
15 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP
19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP
23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

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-05/13/99--01100--013
****150.00 ****150.00

[] Change [] Addition

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[] Change [] Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 954-523-1361

CR2E034 (1/198)