

**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 # P94000019713 (4)**

1. Corporation Name

**ULTIMATE VIDEO & GAMES INC.**



Principal Place of Business

13730 LITTLE RD  
HUDSON FL 34667

Mailing Address

15324 LANCER RD  
SPRING HILL FL 34610  
US

3. Date Incorporated or Qualified <b>03/09/1994</b>	3a. Date of Last Report <b>08/07/1995</b>
4. FEI Number <b>59-3229740</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

**9. Name and Address of Current Registered Agent**

**BINDER, KAY E  
15324 LANCER RD  
SPRING HILL FL 34610**

**10. Name and Address of New Registered Agent**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip/Code
				<b>FL</b>

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINDER, WILLIAM</b>	1.2 NAME
STREET ADDRESS	<b>15324 LANCER RD</b>	1.3 STREET ADDRESS
CITY-STATE-ZIP	<b>SPRING HILL FL</b>	1.4 CITY-STATE-ZIP
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINDER, KAY</b>	2.2 NAME
STREET ADDRESS	<b>15324 LANCER RD</b>	2.3 STREET ADDRESS
CITY-STATE-ZIP	<b>SPRING HILL FL</b>	2.4 CITY-STATE-ZIP
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINDER, CHRIS</b>	3.2 NAME
STREET ADDRESS	<b>11634 MEADOW RD</b>	3.3 STREET ADDRESS
CITY-STATE-ZIP	<b>PORT RICHEY FL</b>	3.4 CITY-STATE-ZIP
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINDER, OOZALHY</b>	4.2 NAME
STREET ADDRESS	<b>11634 MEADOW RD</b>	4.3 STREET ADDRESS
CITY-STATE-ZIP	<b>PORT RICHEY FL</b>	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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 119.07(3)(k), 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:

*Kay Binder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/20/96*  
DATE

DATE OF FILING

CR2E034 (12/95)