

**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 # **P94000029031 (9)**

1. Corporation Name  
**UNITED VIDEO CAMERA, INC.**



Principal Place of Business Mailing Address  
**261 E. FLAGLER ST. MIAMI FL 33131**

3. Date Incorporated or Qualified <b>04/15/1994</b>	3a. Date of Last Report <b>03/02/1995</b>
4. FEI Number <b>65-0491746</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**GOTTIEB, KENNETH A  
 125 N. 46TH AVE.  
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>MEAIR, JUDY</b>	12 NAME		
STREET ADDRESS <b>125 N. 46TH AVE.</b>	13 STREET ADDRESS		
CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	14 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY-ST-ZIP	24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY-ST-ZIP	34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY-ST-ZIP	44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY-ST-ZIP	54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY-ST-ZIP	64 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 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: *[Signature]*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)