

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

PROFIT CORPORATION ANNUAL REPORT



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

FILED

99 OCT -6 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 *amendment*
DOCUMENT # *9900003896*
1. Corporation Name
Little Nancy's Sunrise Video, INC.

Principal Place of Business Mailing Address
359 Periwinkle Way SAME
SANIBEL, FL. 33959

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. <i>359 Periwinkle Way</i>	<i>SAME</i>	<i>65-0567220</i>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
<i>SANIBEL, FL.</i>		8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip	29. Zip		
<i>33959</i>			

9. Name and Address of Current Registered Agent
Nancy R. Heppner
9701 Foxglove Circle
FORT MYERS, FL. 33919

10. Name and Address of New Registered Agent

81. Name	<i>Richard E. Gaudet</i>
82. Street Address (P.O. Box Number is Not Acceptable)	<i>9929 VANILLA LEAF RD.</i>
83.	
84. City	<i>FORT MYERS FL</i>
85. Zip Code	<i>33919</i>

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 officer 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 607.0509, Florida Statutes.

SIGNATURE *Richard E. Gaudet* *Richard E. Gaudet* *9-28-99*
DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE <i>President/owner</i> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <i>President, Sec. 1 owner</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <i>Nancy R. Heppner</i>	1.2 NAME <i>Richard Gaudet</i>
1.3 STREET ADDRESS <i>9701 Foxglove Circle</i>	1.3 STREET ADDRESS <i>9929 Vanilla Leaf Rd</i>
1.4 CITY-ST-ZIP <i>Ft. Myers FL 33919</i>	1.4 CITY-ST-ZIP <i>Ft. Myers FL 33919</i>
2.1 TITLE <i>Ralph A. Heppner</i> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <i>Vice President/Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <i>Vice President/Treasurer</i>	2.2 NAME <i>Bonnie L. Gaudet</i>
2.3 STREET ADDRESS <i>9701 Foxglove Circle</i>	2.3 STREET ADDRESS <i>9929 VANILLA LEAF RD</i>
2.4 CITY-ST-ZIP <i>Ft. Myers FL. 33919</i>	2.4 CITY-ST-ZIP <i>Ft. Myers, FL 33919</i>
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME <i>600003012926--0</i>
3.3 STREET ADDRESS	3.3 STREET ADDRESS <i>-10/12/99--01061--001</i>
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP <i>*****61.25 *****61.25</i>
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard E. Gaudet* *Richard E. Gaudet* *9-28-99* *941-267-0115*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

KE