

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90067 028 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # V73297

1. Corporation Name
MULTI-MEDIA HOME VIDEO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
DISTRIBUTION VIDEO & AUDIO
1610 N MYRTLE AVENUE
CLEARWATER FL 34615
US

Mailing Address
DISTRIBUTION VIDEO & AUDIO
1610 N MYRTLE AVENUE
CLEARWATER FL 34615

3. Date Incorporated or Qualified
10/21/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **33755** 25 Country 29 Zip **33755** 30 Country

4. FEI Number
59-3148251

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

KUGLER, TODD
413 FEATHER TREE DRIVE
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name **Todd Kugler**
 82 Street Address (P.O. Box Number is Not Acceptable) **2440 Stags Run Blvd**
 83
 84 City **Clearwater** FL 85 Zip Code **33765**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-7-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KUGLER, BEN	
STREET ADDRESS	2852 CHELSEA PL S	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KUGLER, BRAD	
STREET ADDRESS	2191 CYPRESS POINT	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KUGLER, TODD	
STREET ADDRESS	413 FEATHER TREE DR	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUGLER, RYAN	
STREET ADDRESS	100 PIERCE #610	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 727 447 4147
 Date Daytime Phone #

CR2E034 (11/98)