FILE	NOW:	FILING	FEE	AFTER	MAY 1	IS S	\$225.00
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
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(9)

1. Corporation	MENT # 85254 Name AT VIDEO ENTERPRISES, II	` '						
Principa' Place of Business 6560 ROCK SPRING DRIVE BETHESDA MD 20817-1146 US		Mailing Address 6560 ROCK SPRING DRIVE BETHESDA MD 20817-1146 US				1 1900/07 19190 91110 11901 QUY(1 0.1617 1007 9791)		I BIBAF DIPAI IBBI
		••				3. Date incorporated or Qualified 3a. Da 04/12/1982	ate of Last R 05/01/19	leport 1 95
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 62-1057643		Applied For Not Applicable
Suite, Apt. (f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional Required
City & State		Orty & State				Election Campaign Financing Trust Fund Contribution	\$5.0	O May Be
Zip 4	Country 25	Zip		intry	 /	8. This corporation has liability for intangible Florida Statutes Yes No		199.032,
<u>*1</u>	9. Name and Address of Current	29 Registered Agent	30	Γ		10. Name and Address of New Registere	d Agent	
				81 N	lame			
1200 S.	RPORATION SYSTEM PINE ISLAND ROAD ITION FL 33324			82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
				84 C	ity	F	85 Zi	p Code
familiar wit	o the provisions of Sections 607.0532 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida State a. Such change was author an 607.0505, Florida Statute	ites, the abo ized by the d es.	ove-nam corpora	ed corpora tion's board	ation submits this statement for the purpose of c d of directors. I hereby accept the appointment	changing its i as registered	registered office I agent. I am
SIGNATURE _	Signature, typed or printed name of registered agon; a	rstition fappilicable. (f	NOTE Registered	l Agen: sig	nature required	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	DRS IN 12
TITLE	CD CROCKETT, BRUCE L	DELETE	1.1 T	IIIt€	D	•	Change	X Addition
NAME	6560 ROCK SPRING DRIVE		1.2 N		Fl	LOWER, ALLEN E.		
STREET ADDRESS	BETHESDA MD		- 1	TREE1 ADD	RESS b;	560 ROCK SPRING DRIVE ETHESDA, MD 20817-1146		
CITY-ST-ZIP TITLE	D	(X) DELETE	2 11	ITY-ST-ZI ITLE	V 0	ETHESDA, MD 20817-1146	Change	☆ Addition
NAME .	FAULDERS, C. THOMAS III	24	2 2 N		/M	YER, ROBERT C.	LJ Change	EXT THOUSEN
STREET ADORESS	6560 ROCK SPRING DRIVE		2.3 \$1	IREET ADE	RESS 65	560 ROCK SPRING DRIVE		
CITY-ST-ZIP	BETHESDA MD		24 C	TY-ST-Z	» BE	ETHESDA, MD 20817-1146		
ITLE	OTODY OTCICALE	□ DELETE	3 1 T	ITLE	V		Change	X Addition
IAME	Story, steven e 6560 rock spring drive		3 2 N		A A	ARON, ARTHUR M.		
STREET ADORESS	BETHESDA MD		i i	TREET ADI		560 ROCK SPRING DRIVE		
CITY-ST-ZIP DTLE	PD	DELETE	3 4 CI 4 1 T	ITY - S1 - ZI ITLE	V	ETHESDA, 'AD 20817-1146	Change	X Addition
NAME	LYONS, CHARLES		4 2 N		M:	INAMI, WESLEY D.		KN (200mon)
STREET ADDRESS	6560 ROCK SPRING DRIVE			IREET ADD	RESS 6	560 ROCK SPRING DRIVE		
CITY-ST-ZIP	BETHESDA MD			ITY-\$1-Z	P BI	ETHESDA, MD 20817-1146		
IITLE	\$	DELETE	5 1 T	ITLE	A:	SSISTANT S	☐ Change	X Addition
NAME	WEBER, NANCY E.		5 2 N	AME	GI	REGG III, CHARLES N.		
STREET ADDRESS	6560 ROCK SPRING DRIVE BETHESDA MD		53\$1	FREET ADE	RESS 6	560 ROCK SPRING DRIVE		
CHY-ST-ZIP	DE INESUA MU	רסו הרוכזכ		TY - \$T - 71	P BI	ETHESDA, MD 20817-1146		() • · · · ·
TITLE NAME	MARIO, RONALD J.	⊠ DELETE	6 1 7				☐ Change	Add:tion
STREET ADDRESS	6560 ROCK SPRING DRIVE		6.2 N/		IDECC			
DITY-ST-ZIP	BETHESDA MD			IREET ADD				
4. I do hereb	vicertify that the information supplied w	ith this filing is voluntarily fu	rnished and	1Y-S1-Zi does no	ot qualify fo	r the exemption stated in Section 119.07(3)(k), F	lorida Statul	tes. I further
oath; that	the information indicated on this annual am an officer or director of the corporation in the second	at report or supplemental an ation or the receiver or trust	inual report i teo empowei	s true a red to e	nd accurat xecute this	e and that my signature shall have the same leg report as required by Chapter 607, Florida Stat	al effect as it utes; and the	f made under at my name

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-214-3000 Daytime Phone K

CR2E034 (12/95)