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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90007 001 ***150.00

| 1, Corporation | MENT # F28427 AST VIDEO PRODUCTION | • | | |
|---|--|--|------------------------------|--|
| Principal Place | e of Business | Mailing Address | | T (1914) (19 It source) and the state of the |
| 20377 NE 15TH COURT | | 20377 NE 15TH COURT | | |
| MIAMI FL 33179 | | MIAMI FL 33179 | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualifed |
| | | | | 04/03/1981 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number . Applied For |
| 21 | | 26 | | 59-2080076 . Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | ree required |
| City & State | e · | City & State | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |
| 23 Zin | Country | | Country | 8. This corporation owes the current year Intangible |
| Zip | 25 Country | 29 30 | | Personal Property Tax. |
| 24 | 9. Name and Address of Curre | | 1 | 10. Name and Address of New Registered Agent |
| BERGKNOFF, ERIC J SUITE 206 1001 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009 | | | 82 Street / 203 | Address (P.O. Box Number is Not Acceptable) 77 NE /54 Courf Miani FL 85 Zip Code |
| office or r agent. I a SIGNATURE | Signature, tyred or physed name of registered ag | ent and title if applicable. (NOTE: Re | gistered Agent signature re | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change |
| TITLÉ | P P P | DELETE . | 1.1 TTTLE 1.2 NAME | , |
| NAME | LEGOW, ERIC C 20377 NE 15TH COURT | | 1.3 STREET ADDRESS | |
| STREET ADDRESS | MIAMI, FL 00000 | | 1.4 CITY-ST-ZIP | |
| CITY-ST-ZIP TITLE | V | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | O'NEILL, GEORGE | | 2.2 NAME | |
| STREET ADDRESS | 20377 NE 15TH COURT | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | 2. 4 CITY-ST-ZIP | |
| TITLE | STV | ☐ DELETE | 3.1 TITLE | · Change Addition |
| NAME | LEGOW, FRANK | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | 3.4. CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | Collable C Variable |
| NAME | | | 4. 2 NAME | • |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | Change Addition |
| TITLE | | | 5.2 NAME | |
| NAME STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | _ | 6.2 NAME | · |
| STREET ADDRESS | 1 | | 6.3 STREET ADDRESS | |

6.4 CITY-ST-ZIP 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 an argachment with an address, with all other like empowered.

SIGNATURE: