

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000000633 (6)

1. Corporation Name

INTERACTIVE VIDEO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

198 INVERNESS DRIVE WEST  
ENGLEWOOD CO 80112

198 INVERNESS DRIVE WEST  
ENGLEWOOD CO 80112



3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

4. FEI Number

84-1259405

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE COB ☒ DELETE

NAME TRUJILLO, SOLOMON D  
STREET ADDRESS 198 INVERNESS DRIVE WEST SUITE 500  
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE PTD ☐ DELETE

NAME GRANT, ROBERT E  
STREET ADDRESS 198 INVERNESS DRIVE WEST  
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE EVD ☒ DELETE

NAME ORGEL, ANDREW H  
STREET ADDRESS 191 MILITARY EAST SUITE A-1  
CITY-ST-ZIP BENICIA CA 94510

TITLE EVD ☒ DELETE

NAME RANDOLPH, KEVIN H  
STREET ADDRESS 191 MILITARY EAST SUITE A-1  
CITY-ST-ZIP BENICIA CA 94510

TITLE S ☐ DELETE

NAME JAPHA, BARBARA M  
STREET ADDRESS 7800 EAST ORCHARD ROAD SUITE 480  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE AS ☐ DELETE

NAME STEPHENS, TERRY K  
STREET ADDRESS 7800 EAST ORCHARD ROAD SUITE 480  
CITY-ST-ZIP ENGLEWOOD CO 80111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

PTD ☒ Change ☐ Addition

O'Farrell, John L.  
9000 E. Nichols Avenue, Suite 100  
Englewood, CO 80112

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

S Chaney, Terry K.

7800 East Orchard Road, Suite 480

Englewood, CO 80111

☐ Change ☐ Addition

☐ Change ☐ Addition

AS Hijar, Glenda M.

7800 East Orchard Road, Suite 480

Englewood, CO 80111

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Glenda M. Hijar*

Glenda M. Hijar

7/11/96 (303) 792-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)