

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 JUN 25 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000690
1. Corporation Name

~~Video Giant Inc.~~
~~d/b/a IN FLORIDA as: Video Giant - Venice, Inc.~~

Principal Place of Business Mailing Address

2. Principal Place of Business
21 **One Summit Square, Suite 200**
Route 413 and Doublewoods Road
Suite, Apt. #, etc.
22
City & State
23 **Newtown, PA**
Zip Country
24 **19047** 25
2a. Mailing Address
26 **One Summit Square, Suite 200**
Route 413 and Doublewoods Road
Suite, Apt. #, etc.
27
City & State
28 **Newtown, PA**
Zip Country
29 **19047** 30

3. Date Incorporated or Qualified **February 10, 1995** 3a. Date of Last Report
4. FET Number **74-2438401** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83
84 City **Plantation** FL 85 Zip Code **33324**

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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE *[Signature]* **Special Asst. Secretary** *[Signature]*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	T. Kyle Standley
13 STREET ADDRESS	One Summit Square, Suite 200, Route 413 and Doublewoods Road, Newtown, PA 19047
14 CITY - ST - ZIP	
21 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	M. Trent Standley
23 STREET ADDRESS	One Summit Sq., Ste. 200, Route 413 and Doublewoods Newtown, PA 19047
24 CITY - ST - ZIP	
31 TITLE	Treasurer/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Richard Kelly
33 STREET ADDRESS	One Summit Sq., Ste. 200, Route 413 and Doublewoods Newtown, PA 19047
34 CITY - ST - ZIP	
41 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Ralph W. Standley III
43 STREET ADDRESS	One Summit Sq., Ste. 200, Route 413 and Doublewoods Newtown, PA 19047
44 CITY - ST - ZIP	
51 TITLE	200002222782-9 <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-06/25/97--01064--035
53 STREET ADDRESS	*****17.50 *****17.50
54 CITY - ST - ZIP	
61 TITLE	200002222782-9 <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/25/97--01064--036
63 STREET ADDRESS	*****550.00 *****550.00
64 CITY - ST - ZIP	

14. I do 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

SIGNATURE: *[Signature]* **T. Kyle Standley, President** 6/23/97 (215) 968-4318

CR2E034 (9/96)