

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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90015 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F95000000690**

1. Corporation Name
VIDEO GIANT-VENICE INC.



Principal Place of Business: ONE SUMMIT SQUARE, SUITE 200, ROUTE 413 AND DOUBLEWOODS ROAD, NEWTOWN PA 19047 US

Mailing Address: ONE SUMMIT SQUARE, SUITE 200, ROUTE 413 AND DOUBLEWOODS ROAD, NEWTOWN PA 19047 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/10/1995

4. FEI Number
74-2438401

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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
CT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STANDLEY, T. KYLE	
STREET ADDRESS	1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS	
CITY-ST-ZIP	NEWTOWN PA 19047	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STANDLEY, M. TRENT	
STREET ADDRESS	1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS	
CITY-ST-ZIP	NEWTOWN PA 19047	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	KELLY, RICHARD	
STREET ADDRESS	1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS	
CITY-ST-ZIP	NEWTOWN PA 19047	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANDLEY, RALPH W III	
STREET ADDRESS	1 SUMMIT SQ, STE 200, RT 413 & DOUBLEWOODS	
CITY-ST-ZIP	NEWTOWN PA 19047	
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: _____ Date: **5/12/99** Daytime Phone # _____

CR2E034 (1/98)