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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9500004147 (3)

VIDEO MARKETING, INC.

Principal Place of Business Mailing Address 5434 WEST SAMPLE ROAD, STE, 524 5434 WEST SAMPLE ROAD. STE. 524 MARGATE FL 33073-3453 MARGATE FL 33073 3a. Date of Last Report 3. Date Incorporated or Qualified 08/28/1995 04/19/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 65-0608759 Not Applicable 26 Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country ZιD Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOLFE, LARRY 200-A JOHN KNOX RD. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 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. If an itemiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signer is the printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition **CPS** DELETE Change TOTAL 1 1 TITLE NAME GREENE, JERRY J 12 NAME 3769 CARAMBOLA CIRCLE NORTH 1.3 STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066-2444 1.4 CiTY - ST - ZIP CITY-SI DELETE Change Addition 2.1 TITLE 1:11# NAME 22 NAME STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C! 17 - ST - 78 DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAM5 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 5 1 TITLE Title 52 NAME MAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY - \$7 - 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

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE 6.2 NAME

DELETE

CITY-ST-7P

STREET ADDRESS

CITY - ST-ZIF

THILE

NAME

FILED

Apr 02 1997 8:00am

Secretary of State

Change

Addition