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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name F97000002879 (1)

THE VIDEO SCENE OF SANIBEL, INC.

**FILED** Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					5 1001500 1515 (510) 4561 D5111 D5111 G0111 G0111 D6111 1641 (510) 4641	
PO BOX 1795 PO BOX 1795						
DUXBURY MA	N 02331	DUXBURY MA 02331				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/02/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		— — <u> </u>	26			04-2926258 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22	27				5. Certificate of Status Desired Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ıntry	7	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur	rent Registered Agent		81	F 31	10. Name and Address of New Registered Agent
	LLY, PETER E			°'	Nam	ame
ATTORNEY AT LAW				82	Street Address (P.O. Box Number is Not Acceptable)	
	33 PERIWINKLE WAY - SUITE	H		83	<del> </del>	
SA	NIBEL FL 33957			03		
				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 re agent. I a	e <b>giste</b> red agent, or both, in the SI m <b>fa</b> miliar with, an <mark>d a</mark> ccept the ob	late of Florida. Such change was bligations of, Section 607.0505, Fl	authorize orida Sta	d by tutes	y the co s.	e corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE.						
12.	Signature, typed or printed name of registering	AND DIRECTORS	13.	d Age	eni signati	phature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1.70	TLE	• • • • • •	Change Addition
NAME	DRISCOLL, KENNETH J	_	1.2 N			
STREET ADDRESS	416 WASHINGTON ST.		1		ADDRESS	RESS
CITY-ST-ZIP	DUXBURY MA 02332				ST - ZIP	
TITLE	DVST	DELETE	2170			Change Addition
NAME	DRISCOLL, CAROL L		22 N	AME		
STREET ADDRESS	416 WASHINGTON ST.		2.3 \$	TREET	ADDRESS	3ESS
CITY-SY-ZIP	DUXBURY MA 02332		2 4 CITY-S1-		S1 - ZIP	P
TITLE		DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME	•		3.2 N	AME		
STREET ADDRESS			335	TREET	ADDRESS	RESS
CITY-ST-ZIP			3.4. 0	<u> 11 Y -</u> S	ST-ZIP	P
TITLE		☐ DELETE	4.1 1	TLE		Change Addition
NAME			4.2 N	IAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	₹ESS
ÇITY-ST-ZIP			4.4 C	ITY-S	T - ZIP	
TITLE		☐ DELETE	51 TI	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$	TREE1	ADDRESS	RESS
CITY-ST-ZIP			5.4 C	5.4 CITY - ST - ZIP		
TITLE	TITLE DELETE		6.1 1	6.1 TITLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	RESS
CITY-ST-ZIP			6.4 CI	ITY-\$	T-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.

1/2/06