


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

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90010 050 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002528

1. Corporation Name
MOBILE VIDEO SERVICES, INC.

Principal Place of Business
1806 SWIFT - SUITE 207
NORTH KANSAS CITY MO 64118

Mailing Address
1806 SWIFT - SUITE 207
NORTH KANSAS CITY MO 64118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 64116		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 64116		3. Date Incorporated or Qualified 05/04/1998	
25 Country		30 Country		4. FEI Number 43-1396799	
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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	PCDT	<input type="checkbox"/> DELETE			
NAME	JEFFERS, L M				
STREET ADDRESS	8004 N HARRISON LANE				
CITY-ST-ZIP	KANSAS CITY MO				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	JEFFERS, MICHAEL D				
STREET ADDRESS	8004 N HARRISON LANE				
CITY-ST-ZIP	KANSAS CITY MO				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	JEFFERS JR, MICHAEL D				
STREET ADDRESS	8004 N HARRISON LANE				
CITY-ST-ZIP	KANSAS CITY MO				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	JEFFERS JR, MICHAEL D				
STREET ADDRESS	8004 N HARRISON LANE				
CITY-ST-ZIP	KANSAS CITY MO				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JEFFERS, JOSEPH C				
STREET ADDRESS	626 RIDGEWAY DR				
CITY-ST-ZIP	LIBERTY MO				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	LISA L. BLACK				
3.3 STREET ADDRESS	1408 NW 63rd Terrace				
3.4 CITY-ST-ZIP	KANSAS CITY, MO 64118				
4.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	JANICE M. WEST				
4.3 STREET ADDRESS	7753 Fontana				
4.4 CITY-ST-ZIP	Prairie Village, KS 66208				
5.1 TITLE	VD	<input checked="" 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: *K. M. Jeffers* K. M. Jeffers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 21 99
Date

Daytime Phone #

CR2E034 (1/98)