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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G57128

FUTURE MEDIA PRODUCTS, INC.

Principal Place of Business		Mailing Address						BIBN BIBN GEBUT BIBN	A1011 #1#11 18#1		
4605 L B MCLEOD RD		4605 L B MCLEOD RD									
700		700					DO MOT MENTE IN	THE SPACE	•		
ORLANDO FL 32811		ORLANDO FL 32811					DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorporated or Qualifed				
							08/29/1983				
2. Principal Place of Business		2a. Mailing Address						4. FEI Number	/ /	pplied For	
21		26						59-2321418	_	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional	
22		27								equired	
City & State			City & State					6. Election Campaign Financing		May Be	
23		28 Intry Zip Country						Trust Fund Contribution		to Fees	
Zip .	· . —	untry	Zip	!		intry		8. This corporation owes the current ye			
24	25		29		30			Personal Property Tax.	Yes	LANGE.	
		ddress of Current Registered Agent				041		10. Name and Address of New Regist	ered Agent		
A1 1 F	*** *** ***	er gr				81	Name				
ALLE	EN, KAREN F.	1 1 1				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
6145 MASTERS BLVI								and the second second second second			
ORLANDO FL 32819						83		网络阿尔德国家的 国际通过			
						84	City			Code	
İ .						64	City		FL 85 Zip	Code	
.11. Pursuant	to the provisions of	Sections 607.0502 a	and 607.1508	8, Florida Statute	es, the al	bove	-named corpor	ration submits this statement for the purpo	se of changing it:	s registered	
office or n	egistered agent, or	both, in the State of I accept the obligation	Florida, Such	n change was at	uthorized	by t	the corporation	i's board of directors. I hereby accept the	appointment as re	egistered	
110	iti iailillai willi, ailu	accept the obligation	is ornoscuoi	11 007.0303, 1 101	nda Statt	uics.					
SIGNATURE	Signature, typed or printed	name of registered agent an	nd title if applicabl	le. (NOTE:	: Registered	Agent	t signature required w	when reinstating) ' * DA	TE		
12.		OFFICERS AND I									
TITLE	PD			3	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12	
NAME			<u> </u>	S DELETE	13. 1.1 TIT			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12	
			<u> </u>			ΠE					
	ALLEN, KAREN	I .			1.1 TIT 1.2 NA	TLE NME	ADDRESS	ADDITIONS/CHANGES TO OFFICER			
STREET ADDRESS	ALLEN, KAREN 6145 MASTERS	I .			1.1 TIT 1.2 NA 1.3 ST	TLE NME REET	ADDRESS	ADDITIONS/CHANGES TO OFFICER			
STREET ADDRESS	ALLEN, KAREN 6145 MASTERS ORLANDO FL	I .			1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	TLE MME REET, TY-ST		ADDITIONS/CHANGES TO OFFICER			
STREET ADDRESS CITY-ST-ZIP TITLE	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD	I .		DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	TLE AME REET, TY-ST		ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD ALLEN, GARY	BLVD		DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	TLE AME REET, TY-ST	-ZIP	ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD ALLEN, GARY 6145 MASTERS	BLVD		DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	TLE AME TY-ST TLE AME TREET	-ZIP ADORESS	ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD ALLEN, GARY 6145 MASTERS ORLANDO FL	BLVD		DELETE DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	TLE ME TY-ST TLE ME TY-ST TLE TY-ST TLE	-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICER	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD ALLEN, GARY 6145 MASTERS	BLVD		DELETE DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	TLE ME TY-ST TLE ME TY-ST TLE TY-ST TLE	-ZIP ADORESS	ADDITIONS/CHANGES TO OFFICER	☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD ALLEN, GARY 6145 MASTERS ORLANDO FL	BLVD		DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD ALLEN, GARY 6145 MASTERS ORLANDO FL	BLVD	#1.2 m	DELETE DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	TLE TY-ST TLE TY-ST TLE TY-ST TY-ST TY-ST TY-ST TLE TY-ST TY-ST TLE TY-ST TY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, KAREN 6145 MASTERS ORLANDO FL STD ALLEN, GARY 6145 MASTERS ORLANDO FL	BLVD	41.5 45.6 47.4	DELETE DELETE DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.4 CI	TLE TY-ST TY-ST TLE TY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER	☐ Change ☐ Change ☐ Change	Addition Addition Addition	

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 of 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 attemptment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

NAME

1-14-99 1800-541-3299

☐ Change

☐ Addition

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90031 004 ***158.75

:R2E034 (11/98)