FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H33323**

(7)

1. Corporation Name

VIDEO PRODUCTION CENTER, INC.

Principal Place of Business

891 N SEMORAN BLVD
CASSELBERRY FL 32707

Mailing Address

891 N SEMORAN BLVD
CASSELBERRY FL 32707

3. Date Incorporated or Qualified: **12/10/1984**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **59-2770560** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 201 W SR 434
Suite, Apt. #, etc.
22
City & State
23 WINTER SPRINGS, FL
Zip 24 32708 Country 25 Seminole

2a. Mailing Address

26 201 W. S.R. 434
Suite, Apt. #, etc.
27
City & State
28 WINTER SPRINGS FLA.
Zip 29 32708 Country 30 Seminole

9. Name and Address of Current Registered Agent

ALLEN, RALPH
595 SUNRISE AVE.
WINTER SPRINGS FL 32708

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 _____ DATE _____
(NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: ALLEN, RALPH		1.2 NAME	
STREET ADDRESS: 595 SUNRISE AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP: WINTER SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE: T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: ALLEN, CHRISTINE		2.2 NAME	
STREET ADDRESS: 595 SUNRISE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP: WINTER SPGS. FL		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I declare (or affirm) that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added on an attachment with an address.

SIGNATURE: Ralph Allen Pres. VPC Inc. 2/19/96 407/327-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #