## 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 # H43106**

1. Corporation Name

M & M VIDEO, INC.

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90007 031 \*\*\*150.00



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Principal Place	e of Business	Mailing Address			
% MICHAEL FR	REEDLAND	% MICHAEL FREEDLAND			
2319 N. STATE ROAD 7 2319 N. STATE ROAD 7			DO NOT WRITE IN THE	S SPACE	
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021				3. Date ncorporated or Qualifed	
1				02/18/1985	
	(Paris	On Mailine Address		4. FEI Number	Applied For
⊢¬	lace of Business	2a. Mailing Address	atus Road	59-2492406	Not Applicable
21 23/		26 26/1 // // Suite, Apt. #, etc.	anus ruag	39-2492400	\$8.75 Additional
Suite, Apt.	#, etc.	ר <i>וו ו</i> וו ו		5. Certificate of Status Desired	Fee Required
22		27 7 4 4 City & State		A 5t Sin Orangin Singuistica	<del></del>
City & Sitat	,	$\vdash $ $\land $ $\land $ $\land $ $\land $	L I	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23 HB U	Country	28 Cooper (17	Country	8. This corporation owes the current year In	
Zip	· — · · · · / /	7202/	30 /1 SA	Personal Property Tax.	∏ Yes □No
24 330			30 U 20	10. Name and Address of New Registered	
<b> </b>	9. Name and Address of Curren:	Kedisteten wähitt	81 Name	C / C /	
FRE	EDLAND, MICHAEL		(	aroly redersen	
2319 N. STATE ROAD 7			82 Street Ad	dress (P.O.Bo:: Number is Not Acceptable)	
HOLLYWOOD FL 33021			2111	Stirling Road	<del></del>
1100	T11100D1C30021		83	· ·	
			84 City		85 Zip Code
				t. Lauderdale Fl	L 33312
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purpose of	of changing its registered
office or n	egistered agent, or both, in the State C m familiar with, and accept the eblicati	t Florida, Such change was au ons of, Section 607.0505, Flori	tnorized by the corpora da Statutes.	tion's board of directors. I hereby accept the appoint	2 San
		,		4/.	22/99
SIGNATUFE	Signature, typed or printed to a of rigistered agent	and title if applicable. (NOT E:	Registered Agent signature requi	red when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 THLE	$\mathcal{D}$ .	Change Addition
NAME	FREEDLAND, MICHAEL		12 NAME	MA, CAIYUN 16308 NW 18th Stre Pembroka Pines FL 3	
STREET ADDRESS	2319 N. STATE ROAD 7		1.3 STREET ADDRESS	16308 1/4/ 1941 =40	o.7
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY- ST- ZIP	Rembush Diver Ex =1	28
TITLE		DELETE	2.1 TITLE	TOTO PINES IE SO	☐ Change ☐ Addition
NAME			2.2 NAME		
· ·			2.3 STREET ADDRESS		
STREET ADDRE IS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ NETEIC	1		
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		· —— · —— · —— · —— ·	3.4. CITY-ST-ZIP		Change D Addition
TITLE		☐ DELETE	41 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 ADDRES			6.3 STREET ADDRESS		

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 uncer oath; that I a n 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 at on an attachment with an address, with all other like empowered.

SIGNATURE:

CALYUN MA DIRECTOR

4/21/39 994-885-4/82

CR2E034 (11)