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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE Kothorine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # H77671**

1. Corporation Name CINEVISION CORPORATION

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90007 043 ***150.00



ONLYIS	ION COM CHANGA					-				
Principal Plac	e of Business	Mailing Address					11. Print 1481.1 (PA).2 BILLI		91, 610-1 619-1	
616 E STREET		616 E STREET								
•		CLEARWATER FL 33756	3756				DO NOT IN	RITE IN THIS	DDACE	
US US			<u>⊢</u>			D-4- I			SPACE	
					3.	09/24/1	porated or Qualife 985	•		
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Numb	e r		A	pplied For
21		26				59-2652	353		N	ot Applicable
I Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Ap1. #, etc.			Certificate	of Status Desired			Additional
City & State		City & State				ree Required				
23						6. Election Campaign Financing S5.00 Ma Trust Fund Contribution Added to F				
Zip	Country	Zip	Country				cation owes the cu	ment vear Int		
24	75	29					Property Tax.	ere dame	Yes	□No
24	9. Name and Address of Current		<u> </u>		10.		Address of New	Registered		
			81	Name						
GUT	HRIE, J. MARVIN				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ubaala Nas Aasaa	A-FI-1		
1230 S. MYRTLE AVENUE			82	Street	Address (F	O. BOX NI	imber is Not Accep	rabie)		
SUITE 101			83							
CLE	arwater fl 33758		-				<u> </u>		1 7/2 7/2 N	Code
			84	City			•	FL	85 Zip	C008
11. Pursuani	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	-named	corporation	submits the	his statement for the	e purpose of ept the appoi	changing its Itment as re	registered gistered
agent. I a	to the provisions or sections our cour- registered agent, or both, in the State of im familiar with, and accept the obligat				•					
SIGNATURE	Signalure, typed or printed name of regestered agent	t end table if applicable. (NOTE: A	egistered Acen		equired when i	oineseting)		DATE		
SIGNATURE	Signalure, typed or printed name of registered agent OFFICERS ANI	t and talle if applicable. (NOTE: AnD DIRECTORS	ngistered Agent		equired when i	oineseting)	VCHANGES TO O	DATE	D DIRECTO	OR\$ IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t end table if applicable. (NOTE: A	13.		wquired when i	eineuring) ADDITIONS	CHANGES TO O	DATE FFICERS AN	D DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD MURRAY, ROGER	t and talle if applicable. (NOTE: AnD DIRECTORS	13. 1.1 TITLE 1.2 NAME	(signature r	wquired when i	eineuring) ADDITIONS	CHANGES TO O	DATE FFICERS AN	D DIRECTO	OR\$ IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signalum, typed or printed name of registered agent OFFICERS ANI PD MURRAY, ROGER 1420 MORROW DR	t and talle if applicable. (NOTE: AnD DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	i signature r	wquired when i	eineuring) ADDITIONS	CHANGES TO O	DATE FFICERS AN	D DIRECTO	OR\$ IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signalum, typed or printed name of registered agent OFFICERS ANI PD MURRAY, ROGER 1420 MORROW DR CLEARWATER FL 33756	t end title of apparation. (NOTE: An D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	i signature r	wquired when i	eineuring) ADDITIONS	CHANGES TO O	DATE FFICERS AN	D DIRECTO	ORS IN 12 ☐ Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-2IP TITLE	Signalum, typed or printed name of registered agent OFFICERS ANI PD MURRAY, ROGER 1420 MORROW DR CLEARWATER FL 33756 D	t and talle if applicable. (NOTE: AnD DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	i signature r	wquired when i	eineuring) ADDITIONS	CHANGES TO O	DATE FFICERS AN	D DIRECTO	OR\$ IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signalum, typed or printed name of registered agent OFFICERS ANI PD MURRAY, ROGER 1420 MORROW DR CLEARWATER FL 33756 D CROWN, WILLIAM E 18	t end title of apparation. (NOTE: An D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature r ADDRESS	wquired when i	eineuring) ADDITIONS		DATE FFICERS AN	D DIRECTO	ORS IN 12 ☐ Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	Signalum, typed or printed name of registered agent OFFICERS ANI PD MURRAY, ROGER 1420 MORROW DR CLEARWATER FL 33756 D CROWN, WILLIAM E IN 409 PALMETTO RD	t end title of apparation. (NOTE: An D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET	ADDRESS ADDRESS ADDRESS	wquired when i	eineuring) ADDITIONS	CHANGES TO O	DATE FFICERS AN	D DIRECTO	ORS IN 12 ☐ Addition
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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 cath; 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 off an attachment with an address, with all other like empowered.

SIGNATURE: