FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	IVI⊏IVI# n Name	JUJU	100	(4)							
SULLIVAN VIDEO PRODUCTIONS, INC.											
SOLLIN	AVIA AIDEO L	nobucilo	ing, ing.						bi diri dibir din) Biāli ālāli 1851
Principal Place of Business			Mailing A	Mailing Address				-{	IV BOOK BYDAA BOO		
559 49TH ST. SOUTH			559 49	559 49TH ST. SOUTH				1			
ST. PETERSBURG FL 33707			ST. PE	ST. PETERSBURG FL 33707							
US			US					3. Date Incorporated or Qualified	3a Date	of Last R	Poport
								03/10/1986		4/28/19	
	ace of Business		2a. Mailir	2a. Mailing Address				4. FEI Number			Applied For
21			26					59-2680525		├	Not Applicable
Suite, Apt.	#, etc.		h	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
City & State			27	··· + ·· ·· - · · · · · · · · · · · · ·							Required
23	e e		ı ·	City & State				6. Election Campaign Financing			0 May Be
Zip			Zip Cou				Trust Fund Contribution			d to Fees	
24	25		29					8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes No			
	g. Name and	rrent Registered					10. Name and Address of New Registered Agent				
						Name					
SULLIVAN, GARY J.					82	Street	eet Address (P.O. Box Number is Not Acceptable)				
	DNEYSUCKLE F						didees (1.2. 20x Normod is Not Addeptable)				
LARGO 34640											
					84	City				85 Zı	p Code
11 Pursuant t	to the provisions of	Costions 607 (E02 and 607 1500	Florid City					<u>FL</u>	1	
					s, the above-r ed by the corp	named c oration's	orporat s board	ion submits this statement for the pur of directors. I hereby accept the app	rpose of cha ointment as	inging its registered	registered office
IEIT IIII CII VYII	uri, and accept the	obligations of, a	Section 607.0505,	Florida Statutes.				, , , , , , , , , , , , , , , , , , , ,		3 · · · · ·	-9
SIGNATURE _	Signature, typied or printe	od na no of registered	agent and title if a phicable	TO(I)	E: Registered Ager	Usionature	required w	viven reinstatorů	DATE		
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF		DIRECTO	PRS IN 12
TITLE	P	LABO.		☐ DELETE 1.1			P		<u> </u>	Change	☐ Addition
NAME	0404 (101)((101)(11)(11)			1.2 NJ			Su	CLIVAN, GARY J 33 97th Way N Detensource, FL			
STREET ADDRESS	LARGO FL	ISUCKLE HU		1.3 \$			55	33 97 th WAY N	a		
CHTY-ST-ZIP THTLE	DANGUIL			DELETE	1.4 CITY - S	1-21P	ST	perensoure, FL			-/
NAME				☐ DELETE	2. 1 TITLE				L	Change	☐ Addition
STREET ADDRESS					2.2 NAME	A DADE GO					
CITY-ST-ZIP					23 STREET						
TITLE				DELETE	24 CHY+S 3 1 THTLE	1 - ZIF	 			7 Change	Addition
NAME				_	3.2 NAME				L.	a change	□ women
STREET ADDRESS					3.3. STREET	ADDRESS					
CITY-ST-ZIP						F-ZI₽					
TITLE			·	☐ DELETE	4. 1 TITLE					Change	Addition
NAME					4.2 NAME						
STREET ADDRESS					4.3 STREET	ADORESS					,
CITY-ST-ZIP		·		DE PIG	4.4 CITY - ST	T- ZIP			***************************************		
TITLE				☐ DELE1E	5. 1 TITLE					Change	Addition
NAME STREET ADDRESS					5.2 NAME						
CITY-ST-ZIP					53 STREET						
TITLE		***************************************		DELETE	5 4 CITY-ST 6 1 TITLE	-ZIP				1 Channa	- Caderia
NAME			ı		6 2 NAME				L] Change	☐ Addition
STREET ADDRESS					6.3 STREET	ANNRESS					
CITY-ST-ZIP					6.5 STILLET						ļ
14. I do hereby	v certify that the in	formation suppli	ed with this filing is	voluntarily furnis	and does	not que	alify for	the exemption stated in Section 110	07/0\/L\ F(==	de Ossa	

SIGNATURE:

I do hereby certify 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 inclicated 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 true corporation or the receivor 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.

GNATURE:

GRATURE:

GRATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day In a Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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4-29-96 (813) 321-2122 Date Dayline Phone 9