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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J41419

(9)

1. Corporation Name

MED VIDEO PRODUCTIONS, INC.

FILED
Mar 26 1996 8:00 am
Secretary of State



Principal Place of Business

2121 SOUTH GREEN ROAD
SUITE 3
SOUTH EUCLID OH 44121

Mailing Address

2121 SOUTH GREEN ROAD
SUITE 3
SOUTH EUCLID OH 44121

2. Principal Place of Business

21 23215 Commerce Park Dr.

Suite, Apt. #, etc.

22 316

City & State

23 Beachwood, Ohio

Zip

24 44122

Country

25 Cuyahoga

2a. Mailing Address

26 23215 Commerce Park Dr.

Suite, Apt. #, etc.

27 316

City & State

28 Beachwood, Ohio

Zip

29 44122

Country

30 Cuyahoga

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person making the statement on behalf of the corporation

Signature of the person accepting the appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PTD
ARNOLD, MARVIN
1599 MAYACOO LAKES BLVD
WEST PALM BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VDS
ARNOLD, JUDY
1599 MAYACOO LAKES BLVD
WEST PALM BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

380-96

321-791-0366

CR2E034 (12/95)