

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90076 038 \*\*\*150.00

U3081010

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J81333**

1. Corporation Name  
**SENDEREY VIDEO PRODUCTION, INC.**

Principal Place of Business 4967 NW 67TH AVENUE LAUDERHILL FL 33319	Mailing Address 4967 NW 67TH AVENUE LAUDERHILL FL 33319
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/07/1987</b>	
4. FEI Number <b>59-1586413</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

~~LEVENSON, RICHARD E~~  
~~499 NW 70TH AVE.~~  
~~STE 116~~  
~~PLANTATION FL 33317~~

10. Name and Address of New Registered Agent

81 Name **SENDEREY EFRAIM**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4967 67th AVENUE**

83

84 City **LAUDERHILL** FL 85 Zip Code **33319**

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 **1/24/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SENDEREY, EFRAIM</b>	
STREET ADDRESS	<b>6087 NW 67TH AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> DELETE
NAME	<b>SENDEREY, BEATRICE</b>	
STREET ADDRESS	<b>4967 NW 67TH AVE.</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SENDEREY, EFRAIM</b>	
1.3 STREET ADDRESS	<b>4967 NW 67th AVE</b>	
1.4 CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
2.1 TITLE	<b>SVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SENDEREY, BEATRICE</b>	
2.3 STREET ADDRESS	<b>4967 NW 67th AVE</b>	
2.4 CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **1/24/99** (954) 742 6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)