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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

(4)

SOLID GOLD VIDEO, INC.

**FILED** Apr 22 1998 8:00am Secretary of State



|   |  |                                 |                    |                                   |                     | <u> </u>  |               |                  |               |  |
|---|--|---------------------------------|--------------------|-----------------------------------|---------------------|---|---------------|------------------|---------------|--|
| Principal Place of Business Mailing Address   |  |                                 |                    |                                   |                     |   |               |                  |               |  |
| 6601 NW 14TH ST 6601 NW 14  |  |                                 | 4TH ST             |                                   |                     |   |               |                  |               |  |
| STE 3   |  | STE 3                           |                    |                                   |                     | DO MOT WRITE IN THIS SPACE                                    |               |                  |               |  |
| PLANTATION FL 33317<br>US   |  | PLANTATION FL 33324<br>US       |                    |                                   |                     | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |               |                  |               |  |
| 00  |  |                                 |                    |                                   |                     | 01/23/1989  |               |                  |               |  |
| 2. Principal P  | lace of Business                                   | 2a. Mailing Address             |                    |                                   |                     | 4. FEI Number   | <del></del> - | IAr              | plied For     |  |
| 21  |  | 26                              |                    |                                   |                     | 65-0130649  | į             |                  | ot Applicable |  |
| Sulte, Apt.   | #, e1c.  | Suite, Apt. #, etc.             |                    |                                   |                     |   | SE            |                  | Additional    |  |
| 22  |  | 27                              |                    |                                   |                     | 5. Certificate of Status Desired                              |               |                  | equired       |  |
| City & Stat   | 0  | <del></del>                     | City & State       |                                   |                     | 6. Election Campaign Financing                                |               |                  | May Be        |  |
| 23  |  | 28                              |                    |                                   |                     | Trust Fund Contribution                                       | •             |                  | to Fees       |  |
| Zip   | <del></del>  |                                 |                    | ntry                              |                     | 8. This corporation owes or has paid th                       |               |                  |               |  |
| 24  | 25   | 29                              | 30                 |                                   |                     | Personal Property Tax due June 30.                            | X Yes         |                  | ] Ňo          |  |
|   | 9. Name and Address of Curren                      | t Registered Agent              |                    |                                   |                     | 10. Name and Address of New Registe                           | red Agen      | l                |               |  |
| W/  | AYNE, ERIC   |                                 |                    | 81                                | Name                |   |               |                  |               |  |
| 66  | 01 NW 14TH ST #3                                   |                                 | 82 Street          |                                   |                     | ress (P.O. Box Number is Not Acceptable)                      |               |                  |               |  |
| PL  | ANTATION FL 33317                                  |                                 | Silver Al          |                                   |                     | Coo (i.e. pox itempor to tract locoptacio)                    |               |                  |               |  |
|   |  |                                 |                    | 83                                |                     | · · · · · · · · · · · · · · · · · · ·                         |               |                  |               |  |
|   |  |                                 | ŀ                  | 84                                | City                |   | 85            | 7in i            | Code          |  |
|   |  |                                 | - [                | ٦-                                | Oily                |   | FL  °°        | בוגו             | -             |  |
| 11, Pursuant  | to the provisions of Sections 607.050              | 2 and 607.1508, Florida Statute | s, the ab          | ove                               | -named corp         | poration submits this statement for the purpo                 | se of char    | ging it          | s 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   |  |                                 |                    |                                   |                     |   |               |                  |               |  |
|   | Signature, typed or printed name of registered age |                                 |                    | Ager                              | nt signature requir |   | NTE .         |                  |               |  |
| 12.   | OFFICERS AND                                       |                                 | 13.                |                                   |                     | ADDITIONS/CHANGES TO OFFICERS                                 |               |                  |               |  |
| TITLE   | WAYNE, ERIC  | ☐ DELETE                        | 1.1 TIT            |                                   |                     |   | L.J (         | hange            | ☐ Addition    |  |
| NAME  | 6601 NW 14TH ST #3                                 |                                 | 1.2 NA             |                                   |                     |   |               |                  |               |  |
| STREET ADDRESS  | PLANTATION FL                                      |                                 |                    | 13 STREET ADDRESS                 |                     |   |               |                  |               |  |
| CITY-ST-ZIP   | 100  |                                 |                    | Y-S1                              | r-ZIP               |   | ГТА           | hnnas            | Addition      |  |
| TITLE   |  |                                 |                    | 21 TITLE                          |                     |   |               | hange            | Addition      |  |
| NAME  |  |                                 |                    | 2 2 NAMÉ                          |                     |   |               |                  |               |  |
| STREET ADDRESS  |  |                                 |                    |                                   | ADDRESS             |   |               |                  | i             |  |
| CITY-ST-ZIP   |  |                                 |                    |                                   | T-ZIP               |   |               | hange            | Addition      |  |
| TITLE   |  |                                 | 3.1 TIT            |                                   |                     |   |               | nanye            | L. AUGHION    |  |
| NAME<br>OTOSET ADDRESS  |  |                                 | 3.2 NA             |                                   | IDDOCCC             |   |               |                  |               |  |
| STREET ADDRESS  |  |                                 |                    |                                   | ADDRESS             |   |               |                  |               |  |
| CITY-ST-ZIP<br>TITLE  |  |                                 |                    | 3 4. CITY - ST - ZIP<br>4.1 TITLE |                     |   | — П           | hange            | Addition      |  |
|   |  | La Dilli                        |                    |                                   |                     |   | L. (          | -iaii <b>y</b> c | AJURIUO       |  |
| NAME<br>CTOCCT LODDICCS   |  |                                 | 4. 2 N/            |                                   | *DDDCCC             |   |               |                  |               |  |
| STREET ADDRESS  |  |                                 |                    |                                   | ADDRESS             |   |               |                  | -             |  |
| CITY-ST-ZIP   |  |                                 | 4.4 CIT<br>5.1 TIT |                                   | - ZIP               |   | П             | hange            | Addition      |  |
| TITLE   |  |                                 | 1                  |                                   |                     |   |               | nanye            | AGOILIUI      |  |
| NAME<br>CTOCCY ADDRESS  |  |                                 | 5.2 NA             |                                   | ADDDECC             |   |               |                  |               |  |
| STREET ADDRESS  |  |                                 |                    |                                   | ADDRESS             |   |               |                  |               |  |
| CITY-ST-ZIP<br>TITLE  |  | DELETE                          | 5.4 CIT<br>6.1 TIT |                                   | 1-614               | <del></del>   |               | hange            | Addition      |  |
| NAME  | -  | occur.                          | 6.2 NA             |                                   |                     |   |               | yu               |               |  |
|   |  |                                 | -                  |                                   | ADDRESS             |   |               |                  |               |  |
| STREET ADDRESS  | Ī  |                                 | •                  | KEEL J                            |                     |   |               |                  |               |  |

14. 1 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.