

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

PROFIT CORPORATION ANNUAL REPORT 1998 + 99

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

FILED

99 FEB 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LD2992

1. Corporation Name

VARIETY VIDEO, INC.

Principal Place of Business

Mailing Address

9401 Pembroke Road
Pembroke Pines, FL
33025

9401 Pembroke Road
Pembroke Pines, FL
33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/17/89

2. Principal Place of Business

2a. Mailing Address

21 9401 Pembroke Road

26 9401 Pembroke Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pembroke Pines, FL

28 Pembroke Pines, FL

Zip

Zip

Country

Country

24 33025

25 Broward

29 33025

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ducker, David
9401 Pembroke Rd
Pembroke Pines, FL 33025

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 607.0505, Florida Statutes.

SIGNATURE

Signature (print or printed name of registered agent, if applicable)

(Print or printed name of new registered agent, if applicable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME Ducker, David
STREET ADDRESS 9401 Pembroke Road
CITY-ST-ZIP Pembroke Pines, FL

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

TITLE VSD
NAME Ducker, Beverly J.
STREET ADDRESS 9401 Pembroke Rd
CITY-ST-ZIP Pembroke Pines, FL

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, 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

2/4/99

CR2E034 (10/97)