

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

1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L76449 (2)
 1. Corporation Name
POINT OF VIEW PRODUCTIONS, INC.

FILED
 97 SEP 17 10:21



Principal Place of Business P.O. BOX 162632 ALTAMONTE SPRINGS FL 32716	Mailing Address P.O. BOX 162632 ALTAMONTE SPRINGS FL 32716-2632
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/29/1990	3a. Date of Last Report 08/14/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 69-3015672	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COUZART, MELVIN (MEL)
 880 WESLEY CIR.
 APT. 212
 APOPKA FL 32703**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	COUZART, MELVIN (MEL)	
STREET ADDRESS	880 WESLEY CIR., APT. 212	
CITY-ST-ZIP	APOPKA FL	
TITLE	VSM	<input type="checkbox"/> DELETE
NAME	COUZART, NAOMI BENJAMIN	
STREET ADDRESS	880 WESLEY CIR., STE. 212	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATTS, ALBERT JR (AL)	
STREET ADDRESS	1741 N W 55TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATTS, CLARENCE LORENZO	
STREET ADDRESS	1213 NW 39TH AVE #1-1	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATTS, JAMES CARLTON	
STREET ADDRESS	1000 MONTREAL RD., APT. 54-A	
CITY-ST-ZIP	CLARKSTON GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900002298069-3
1.3 STREET ADDRESS	-09/19/97--01072--009
1.4 CITY-ST-ZIP	****178.75 ****178.75
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	1000 MONTREAL RD., APT. 7-G
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" 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 do 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.

SIGNATURE: *Melvin Couzart* **015/97-1000MONTREAL-3607/ANNI**

CR2E034 (9/96)

(0)

Point of View Productions, Inc.

d/b/a PVP Music Publishing and NAY Records
P. O. Box 162632
Altamonte Springs, FL 32716-2632
Phone: (407)788-6833



a BMI affiliate

Chaired and Directed by the
Father, Son, & Holy Spirit - CEO

Workers

Mel Couzart, Pres./EO.
Naomi B. Couzart, VP/Gen. Mgr.
Albert (Al) Watts, Jr., VP/A&R
Clarence L. Watts, VP/A&R
James (Carl) Watts, VP/A&R
Alfred (Ron) Courtney, PR/Mktg.
Willie & Teresa Sims, Coords.
Wylene White, Photographer
Evangelist Sam Baldwin, Videogr.

Spiritual Advisors/Prayer Support
Evangelist Henry H. Hall (Pastor)
Evangelist A. B. Benjamin (Mother)
Evangelist L. "Punch" Baldwin
Evangelist E. Brinson
Evangelist K. Richardson
Mrs. Betty Williams

- ◆ Gospel Music Publishing
- ◆ Recording Contracts
- ◆ Consulting (45 years in the Music Industry)
- ◆ Copyright Registration
- ◆ Compositions and Musical Arrangement
- ◆ Promotions & Distribution
- ◆ Musical Performances
- ◆ Music Publishing Workshops

Annual Events:

"Keeping Traditional Gospel Music Alive" Awards Event
(September)

PVP Spring Gospel Concert
(April)

Publication

Mel's Point of View (MPV)
A Monthly Newsletter
(Nationally Distributed)

September 15, 1997

Mr. Sam Caldwell
Division of Corporations
Annual Report Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: L76449 -Point of View Productions, Inc. - Annual Report

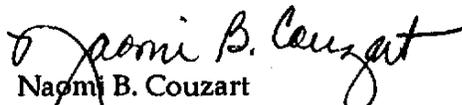
Dear Mr. Caldwell:

Enclosed is our check in the amount of \$165.00 for annual filing fee plus \$8.75 for Certificate of Status and \$5.00 Election Campaign Financing Trust Fund Contribution, totaling: \$178.75.

On behalf of Point of View Productions, Inc., I beg forbearance and request a waiver of the late filing fee of \$385 due to the following reasons:

I, Naomi B. Couzart, am the person responsible for filing the Annual Reports. However, during the period when the report was due, my mother was seriously ill and was hospitalized for a number of weeks; and later convalescing at home. I spent time assisting with her "round-the-clock" care while in the hospital, and after her return home. This required spending several nights away from home (office), with numerous out-of-town trips back and forth to the Jacksonville hospital and, subsequently to Palatka where my mother lives. During the interim, I became ill and was undergoing medical care for stress-related conditions including high blood pressure and chest pains; I am still on medications and under the care of my physician.

I would greatly appreciate your consideration of this request. In the future, I will, by the help of the Lord, submit timely reports and do all within my abilities to comply. In the meantime, may God continue to bless you.


Naomi B. Couzart
Secretary

cc: Melvin Couzart



"Jesus Can Open Doors That No Man Can Close; and He Can Close Doors That No Man Can Open"

"For We Walk By Faith, Not By Sight"