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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L91449

(3)

Mailing Address

S G & B VIDEO, INC.

Principal Prace of Business

WELLINGTON FL 33414

11924 FOREST HILL BLVD #21

11924 FOREST HILL BLVD #21

WELLINGTON FL 33414-6258

**FILED** Jan 31 1997 8:00am Secretary of State

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|   |   |                               |           |                      |     |                     |  |  | 3. Date Incorporated or Qualified 08/07/1990 3a. Date of Last Report 03/11/1996 |                 |                 |                  |  |
|---|---|-------------------------------|-----------|----------------------|-----|---------------------|--|--|---|-----------------|-----------------|------------------|--|
| 2. Principa! Place of Business  |   |                               |           | 2a. Mailing Address  |     |                     |  |  | 4. FEI Number   |                 | An              | plied For        |  |
| 21  |   |                               |           | 26                   |     |                     |  |  | 65-0215093  |                 |                 | Not Applicable   |  |
| Suite, Apt. #, etc  |   |                               |           | Suite, Apt. #, etc.  |     |                     |  |  |   | 62 <sup>4</sup> | \$8.75          |                  |  |
| 22  |   |                               |           | 27                   |     |                     |  |  | 5. Certificate of Status Desired  | X               | Fee Re          |                  |  |
| City & State  | 9   | ······                        | · -       | City & State         |     |                     |  |  | 6. Election Campaign Financing  |                 | \$5.00          | May Re           |  |
| 23  |   |                               | 28        | 28                   |     |                     |  |  | Trust Fund Contribution   |                 | Added t         |                  |  |
| Zip   | Country Zip Co  |                               |           |                      |     |                     | ,  |  | 8. This corporation has liability fo  | intangible      | tax under s.    | 199.032.         |  |
| 24  | 25 29 30  |                               |           |                      |     |                     | Florida Statules                                   |  |   |                 |                 |                  |  |
| 9. Name and Address of Current Registered Agent   |   |                               |           |                      |     |                     |  | 10. Name and Address of New Registered Agent     |   |                 |                 |                  |  |
| LOCKLEY, GARY   |   |                               |           |                      |     |                     |  |  |   |                 |                 |                  |  |
| 11924 FOREST HILL BLVD #21  |   |                               |           |                      |     |                     | -5:  | A alalas   |   | L-1-X           |                 |                  |  |
| WELLINGTON FL 33414   |   |                               |           |                      |     |                     | Street Address (P.O. Box Number is Not Acceptable) |  |   |                 |                 |                  |  |
|   |   |                               |           |                      |     |                     | 83   |  |   |                 |                 |                  |  |
|   |   |                               |           |                      |     |                     |  |  |   |                 |                 |                  |  |
|   |   |                               |           |                      |     | 84                  | City   |  |   | FL              | 85 Zip (        | Code             |  |
| 44 5  |   |                               | COO 1 C   | oz aren Filiada bist |     |                     |  |  | A for the   |                 | (abanalas i     |                  |  |
| 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. Fa   | 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 typeo   | or printed name of registered | Ţ         |                      |     |                     | ent signature                                      | required   | when reinstating)   | DATE            |                 |                  |  |
| 12.   | DP  | OFFICERS /                    | AND DIREC | DELETE               | 11  |                     |  | r  | ADDITIONS/CHANGES TO OFF  | CERS AND        | DIRECTOR Change | S IN 12 Addition |  |
| TITLE   |   | V GADV                        |           | L.J DELETE           |     | 1 TITLE<br>2 NAME   |  |  | 9 a   |                 | L_1 change      | LJ AUGILION      |  |
| 11001 CODECT WILL DIVE  |   |                               |           |                      |     |                     |  |  |   |                 |                 |                  |  |
| WEST DIAM DEACH EI  |   |                               |           |                      |     |                     | ADDRESS  |  |   |                 |                 |                  |  |
| CHTY-ST-7IP   | · · · · · · · · · · · · · · · · · · ·   |                               |           |                      |     |                     | 7-ZIP  | <b>.</b>   |   |                 |                 |                  |  |
| TITLE   |   |                               |           | ☐ DELETE             | 2.1 | TITLE               |  |  | •   |                 | Change          | Addition         |  |
| NAME  |   |                               |           |                      | 2   | 3MAM S              |  |  |   |                 |                 |                  |  |
| STREET ADDRESS  | 2.  |                               |           |                      |     |                     | 2.3 STREET ADDRESS                                 |  |   |                 |                 |                  |  |
| CITY-ST-ZIP   |   |                               |           |                      |     |                     | ST-ZIP   |  |   |                 |                 |                  |  |
| TITLE   | DELETE 3.1  |                               |           |                      |     |                     |  |  |   |                 | ☐ Change        | Addition         |  |
| NAME  |   |                               |           |                      | 3.2 | NAME                |  |  | 1   |                 |                 |                  |  |
| STREET ADDRESS  | 3   |                               |           |                      |     |                     | ADDRESS  | İ  |   |                 |                 |                  |  |
| CITY-ST-ZIP   |   |                               |           |                      |     | 4. CITY-S           |  |  |   |                 |                 |                  |  |
| TITLE   |   |                               |           | DELETE               | _   | TITLE               | r  | <del>                                     </del> |   |                 | Change          | Addition         |  |
| NAME  |   |                               |           | <del></del>          |     | 2 NAME              |  |  |   |                 |                 |                  |  |
| STREET ADDRESS  |   |                               |           |                      |     |                     | ADDRESS  |  |   |                 |                 |                  |  |
|   |   |                               |           |                      |     |                     |  |  |   |                 |                 | ·                |  |
| CITY-ST-ZIP<br>TITLE  |   |                               |           | ☐ DELETE             |     | 4 CITY-S<br>1 TITLE | 51 - ZIP   |  |   |                 | Change          | Addition         |  |
| -   |   |                               |           |                      |     |                     |  | İ  |   |                 | Citarile        | Addition         |  |
| NAME  |   |                               |           |                      |     | 2 NAME              |  |  |   |                 |                 |                  |  |
| STREET ADDRESS  |   |                               |           |                      | ŧ   |                     | ADDRESS  |  |   |                 |                 |                  |  |
| CITY-ST-ZIP   |   |                               |           |                      |     | 4 CITY - S          | T-ZIP  |  |   |                 | T-11 2:         |                  |  |
| TITLE   |   |                               |           | ☐ DELETÉ             | 6.1 | 1 TITLE             |  |  |   |                 | Change          | Addition         |  |
| NAME  |   |                               |           |                      | 6.3 | 2 NAME              |  |  |   |                 |                 |                  |  |
| STREET ADDRESS  |   |                               |           |                      | 6.3 | 3 STREET            | ADDRESS  |  |   |                 |                 |                  |  |
| CITY-S1-ZIP   |   |                               |           |                      |     |                     | IT-ZIP   |  |   |                 |                 |                  |  |
|   |   |                               |           |                      |     |                     |  |  |   | 44.0            |                 |                  |  |

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.