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

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M06026 REGIONAL PROFESSIONAL VIDEO PRODUCTIONS, INC. Principal Place of Business Mailing Address 11501 SW 143 COURT P.O. BOX 180406 MIAMI FL 33186 MIAMI FL 33116 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2449596 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOSEPH F. CARDENAS 11501 SW 143 COURT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 City 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, typed or printed name of registered agent and title it applicable istered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change Addition TITLE 11 TITLE CARDENAS, JOSEPH F NAME 1.2 NAME 11501 SW 143 COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-SI-ZIP Addition DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS AL CITY-ST-ZIP

enas-President

nd exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of and that my signature shall have the same legal effect as if made under oath; that I am an cute this report as required by Chapter 607, Florida Statutes, and that my name appears in

4/29/98

(305)386 - 3841

TITLE

NALIF STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

14. Thereby certify that the information supplied with this filing does not go indicated on this annual report or supplemental annual report is true an officer or director of the corporation or the certifion or trusting of the companion of t