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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M06206 (0)

1. Corporation Name

A SMALL VIDEO CORP.



Principal Place of Business

Mailing Address

9950 NW 6TH CT  
PEMBROKE PINES FL 33024  
US

9950 N.W. 6TH CT.  
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified  
10/09/1984

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

21 9950 NW 6TH CT

2a. Mailing Address

26 9950 NW 6TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Pembroke Pines, FL

27 Pembroke Pines

City & State

City & State

23 FLORIDA

28 Florida

24 Zip 33024

Country

25 U.S.

29 Zip 33024

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLHON, GARY M  
16300 GULF CLUB RD., APT 102  
FT. LAUDERDALE FL 33326

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME SINGH, DEO  
STREET ADDRESS 2476 GRAND AVE.  
CITY-ST-ZIP BRONX NY 10468

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME DOLHON, GARY  
STREET ADDRESS 16300 GULF CLUB ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SDT  
NAME MORR, JEFF  
STREET ADDRESS 465 OCEAN DR., #704  
CITY-ST-ZIP MIAMI BEACH FL 33139

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/22/96

(954) 432-9985

CR2E034 (12/95)