

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 26 AM 2:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # M46893
1. Corporation Name
PORTABLE VIDEO, INC.

Principal Place of Business Mailing Address
**1089 NW54th STREET
MIAMI, FL. 33127**

2. Principal Place of Business 2a. Mailing Address
21 26 **1089 NW54th STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28 **MIAMI, FL**
Zip Country Zip Country
24 25 29 **33127** 30 **DADE**

3. Date Incorporated or Qualified 3a. Date of Last Report
2/19/87
4. FEI Number Applied For
59-2808690 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JOHN HITCHMON
7941 SW 129th TERR
MIAMI, FL. 33156**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D/S/T JOHN HITCHMON 7941 SW 129th TERR MIAMI, FL. 33156	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1 2 NAME	
STREET ADDRESS		1 3 STREET ADDRESS	
CITY - ST - ZIP		1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 2 NAME		
STREET ADDRESS	2 3 STREET ADDRESS		
CITY - ST - ZIP	2 4 CITY - ST - ZIP		
TITLE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3 2 NAME		
STREET ADDRESS	3 3 STREET ADDRESS		
CITY - ST - ZIP	3 4 CITY - ST - ZIP		
TITLE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4 2 NAME		
STREET ADDRESS	4 3 STREET ADDRESS		
CITY - ST - ZIP	4 4 CITY - ST - ZIP		
TITLE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5 2 NAME		
STREET ADDRESS	5 3 STREET ADDRESS		
CITY - ST - ZIP	5 4 CITY - ST - ZIP		
TITLE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6 2 NAME		
STREET ADDRESS	6 3 STREET ADDRESS		
CITY - ST - ZIP	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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: John Hitchmon JOHN HITCHMON 1-17-95 754-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Include Title #)