

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M68866** (6)
1. Corporation Name
LASER VIDEO NETWORK, INC.



Principal Place of Business: % THOMAS RANDALL LAMBTON P O BOX 7454 ST PETERSBURG FL 33734
Mailing Address: % THOMAS RANDALL LAMBTON P O BOX 7454 ST PETERSBURG FL 33734

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: 25

3. Date Incorporated or Qualified: 02/19/1988
3a. Date of Last Report: 08/08/1995
4. FEIN Number: 59-3012364
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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent: 30

LAMBTON, THOMAS RANDALL
6330-46TH STREET NORTH
UNIT #C
PINELLAS PARK FL 34665
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0102 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	DPS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBTON, THOMAS RANDALL	2. NAME	
STREET ADDRESS	6330-C 46TH ST. N.	3. STREET ADDRESS	
CITY, ST, ZIP	PINELLAS PARK FL 34665	4. CITY, ST, ZIP	
TITLE	T	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBTON, THOMAS RANDALL	6. NAME	
STREET ADDRESS	6330-C 46TH ST. N.	7. STREET ADDRESS	
CITY, ST, ZIP	PINELLAS PARK FL 34665	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 the name is on an after-filing with an address.

SIGNATURE: *Thomas R. Lambton* THOMAS R. LAMBTON 4/01/96 813-526-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)