


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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M68866 (6)**  
 1. Corporation Name  
**LASER VIDEO NETWORK, INC.**



Principal Place of Business <b>% THOMAS RANDALL LAMBTON                  P O BOX 7454                  ST PETERSBURG FL 33734</b>	Mailing Address <b>% THOMAS RANDALL LAMBTON                  P O BOX 7454                  ST PETERSBURG FL 33734-7454</b>
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3. Date Incorporated or Qualified <b>02/19/1988</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-3012364</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>6351-39TH STREET NORTH</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>SUITE 220</b>	Suite, Apt. #, etc. 27
City & State 23 <b>PINELLAS PARK, FL</b>	City & State 28
Zip 24 <b>34665</b>	Country 25 <b>USA</b>

9. Name and Address of Current Registered Agent  
**LAMBTON, THOMAS RANDALL  
 6330-46TH STREET NORTH  
 UNIT #C  
 PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent  
 81 Name **LAMBTON, THOMAS RANDALL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 220**  
 83 **6351-39TH STREET NORTH**  
 84 City **PINELLAS PARK** FL 85 Zip Code **34665**

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: *Thomas R. Lambdon* **ITS PRESIDENT - THOMAS R. LAMBTON** DATE: **4/17/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMBTON, THOMAS RANDALL</b>	
STREET ADDRESS	<b>6330-C 46TH ST. N.</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL 34665</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMBTON, THOMAS RANDALL</b>	
STREET ADDRESS	<b>6330-C 46TH ST. N.</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL 34665</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>DPS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>LAMBTON, THOMAS RANDALL</b>		
1.3 STREET ADDRESS	<b>SUITE 220 6351-39TH STREET NORTH</b>		
1.4 CITY - ST - ZIP	<b>PINELLAS PARK, FLORIDA 34665</b>		
2.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>LAMBTON, THOMAS RANDALL</b>		
2.3 STREET ADDRESS	<b>SUITE 220 6351-39TH STREET NORTH</b>		
2.4 CITY - ST - ZIP	<b>PINELLAS PARK, FLORIDA 34665</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. 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.

SIGNATURE: *Thomas R. Lambdon* **ITS PRESIDENT - THOMAS R. LAMBTON** DATE: **4/17/97** DAYTIME PHONE: **813.526.3660**

CR2E034 (9/96)