

FILED

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

May 05 1997 8:00am
Secretary of State

DOCUMENT # N30625
1. Corporation Name
VIDEO FEDERATION OF AMERICA INC.

Principal Place of Business
P. O. BOX 2061
LAKELAND FL 33806-9061

Mailing Address
P. O. BOX 2061
LAKELAND FL 33806-2061

3. Date Incorporated or Qualified 02/10/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business			2a. Mailing Address	
21			26	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.
22			27	
	City & State			City & State
23			28	
	Zip	Country		Zip
24		25	29	

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYWATER, JOSEPH G.
2000 EAST EDGEWOOD DR.
100B
LAKELAND FL 33803

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS	
TITLE	D	<input type="checkbox"/>	DELETE
NAME	FEY, RICHARD M.		
STREET ADDRESS	3543 COLLEN DRIVE		
CITY-ST-ZIP	LAKELAND FL		
TITLE	D	<input type="checkbox"/>	DELETE
NAME	KELLEY, W.J.		
STREET ADDRESS	3252 BIG VALLEY DR		
CITY-ST-ZIP	LAKELAND FL 33813		
TITLE	D	<input type="checkbox"/>	DELETE
NAME	CARLSON, MARILYN L.		
STREET ADDRESS	428 E. HIGHLAND DR		
CITY-ST-ZIP	LAKELAND FL 33813		
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			

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. S. Kell

4/11/1957

CR2E037 (9/96)