FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:56

DOCUMENT # **P16443** **(4)**

1. Corporation Name
VIDEO MARKETING NETWORK, INC.

Principal Place of Business	Mailing Address
2477 STICKNEY PT. RD. 117B P.O. BOX 2527 SARASOTA FL 34231	22 SARASOTA FL 34231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1987	3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2688045	☐ Applied For ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2477 STICKNEY POINT RD.	26 P.O. BOX 2527
Suite, Apt. #, etc. 22 SUITE 117 B	Suite, Apt. #, etc 27
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip / County 24 34231 / 25	Zip / County 29 34230 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SURFUS, GERALD C. 2030 MAIN ST., #101 SARASOTA FL 34237	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	☐ Change ☐ Addition
NAME	MURLEY, ROBERT J.	12 NAME	
STREET ADDRESS	2477 STICKNEY PT RD 117B	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	HARMON, ELIZABETH N.	22 NAME	
STREET ADDRESS	4407 BAY VILLA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MURLEY, KATHLEEN MARY	32 NAME	
STREET ADDRESS	2477 STICKNEY POINT ROAD, 117B	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GETZ, ROBERT	42 NAME	
STREET ADDRESS	29342 ARMONDALE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WICKLIFFE OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DISPENZIERE, BENJAMIN	52 NAME	
STREET ADDRESS	942 PINES LAKE DRIVE, WEST	53 STREET ADDRESS	
CITY-ST-ZIP	WAYNE N.	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MAPP, CATHERINE	62 NAME	
STREET ADDRESS	7851 HOLIDAY DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	64 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)(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: Robert J. Murley 6/6/95 813-923-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0458160 FP