

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P17962 (2)

1. Corporation Name

SIFFORD VIDEO SERVICES, INC.



Principal Place of Business

121 LYLE LANE  
NASHVILLE TN 37210

Mailing Address

121 LYLE LANE  
NASHVILLE TN 37210

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | City & State        |
| 24 | Country             | 29 | Zip                 |
| 25 | Country             | 30 | Country             |

9. Name and Address of Current Registered Agent

COWAN, IVY A.  
1520 SOUTHEAST THIRD AVE.  
FT. LAUDERDALE FL 33316

|                                                                                        |                                                                     |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                      | 3a. Date of Last Report                                             |
| 02/10/1988                                                                             | 03/03/1995                                                          |
| 4. FEI Number                                                                          | Applied For                                                         |
| 62-1260592                                                                             | Not Applicable                                                      |
| 5. Certificate of Status Desired                                                       | \$8.75 Additional Fee Required                                      |
| <input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees                                         |
| 6. Election Campaign Financing Trust Fund Contribution                                 | <input type="checkbox"/>                                            |
| 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Signature of person who prepared or caused to be prepared this report

Signature of person who signed or caused to be signed this report

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | PTD               | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CORNSTUBBLE, GARY | 2. NAME                                               |                                                                              |
| STREET ADDRESS             | 101 CREEKVIEW DR. | 3. STREET ADDRESS                                     |                                                                              |
| CITY-STATE-ZIP             | PLEASANTVIEW TN   | 4. CITY-STATE-ZIP                                     |                                                                              |
| TITLE                      | VD                | 5. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TURK, LAWSON      | 6. NAME                                               |                                                                              |
| STREET ADDRESS             | 155 STURBRIDGE    | 7. STREET ADDRESS                                     |                                                                              |
| CITY-STATE-ZIP             | FRANKLIN TN       | 8. CITY-STATE-ZIP                                     |                                                                              |
| TITLE                      | CEO               | 9. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SIFFORD, DAVID F. | 10. NAME                                              |                                                                              |
| STREET ADDRESS             | 303 DEERWOOD LANE | 11. STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             | BRENTWOOD TN      | 12. CITY-STATE-ZIP                                    |                                                                              |
| TITLE                      |                   | 13. TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                   | 14. NAME                                              |                                                                              |
| STREET ADDRESS             |                   | 15. STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             |                   | 16. CITY-STATE-ZIP                                    |                                                                              |
| TITLE                      |                   | 17. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 18. NAME                                              |                                                                              |
| STREET ADDRESS             |                   | 19. STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             |                   | 20. CITY-STATE-ZIP                                    |                                                                              |
| TITLE                      |                   | 21. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 22. NAME                                              |                                                                              |
| STREET ADDRESS             |                   | 23. STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             |                   | 24. CITY-STATE-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 19.07(3)(k), Florida Statutes. I further certify that the information included 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 or person 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 both, with an add line.

SIGNATURE:

*Clay Sifford*

Clay Sifford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

615-248-1010

Date

Telephone Number

CR2E034 (12/95)