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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P27042** **(1)**

1. Corporation Name
SOUTHEASTERN HOME VIDEO, INC.

Principal Place of Business
200 S. ANDREWS AVE.
FT. LAUDERDALE FL 33301
US

Mailing Address
200 S. ANDREWS AVE.
FT. LAUDERDALE FL 33301-1864
US

3. Date Incorporated or Qualified: 11/22/1989
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 1201 Elm Street
22 Suite, Apt. #, etc.
23 City & State: Dallas, TX
24 Zip: 75270
25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 58-1860455 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

800002108708
-03/10/97--01051-FL
***1815.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FIELDS, BILL		1.2 NAME		
STREET ADDRESS	~~200 S. ANDREWS AVE.~~		1.3 STREET ADDRESS	1201 Elm Street	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33301~~		1.4 CITY-ST-ZIP	Dallas, TX 75270	
TITLE	P	☒ DELETE	2.1 TITLE	Ex. V.P.	☐ Change ☒ Addition
NAME	BARRETT, H. SCOTT		2.2 NAME	Gary Peterson	
STREET ADDRESS	200 S. ANDREWS AVE.		2.3 STREET ADDRESS	1201 Elm St.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	Dallas, TX 75270	
TITLE	~~EVP~~	☐ DELETE	3.1 TITLE	Vice Chairman	☒ Change ☐ Addition
NAME	BYRNE, THOMAS C		3.2 NAME		
STREET ADDRESS	~~200 S. ANDREWS AVE.~~		3.3 STREET ADDRESS	1201 Elm St.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33301~~		3.4 CITY-ST-ZIP	Dallas, TX 75270	
TITLE	EVP	☒ DELETE	4.1 TITLE	Ex. V.P.	☐ Change ☒ Addition
NAME	HAWKINS, THOMAS W		4.2 NAME	Mark Gilman	
STREET ADDRESS	200 S. ANDREWS AVE.		4.3 STREET ADDRESS	1201 Elm St.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	Dallas, TX 75270	
TITLE	SVP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	PHILLIPS, JOE		5.2 NAME		
STREET ADDRESS	~~200 S. ANDREWS AVE.~~		5.3 STREET ADDRESS	1201 Elm St.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33301~~		5.4 CITY-ST-ZIP	Dallas, TX 75270	
TITLE	SVP	☒ DELETE	6.1 TITLE	Ex. V.P.	☐ Change ☒ Addition
NAME	WOODS, BRIAN		6.2 NAME	Adam Phillips	
STREET ADDRESS	200 S. ANDREWS AVE.		6.3 STREET ADDRESS	1201 Elm St.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		6.4 CITY-ST-ZIP	Dallas, TX 75270	

3/10/97

CR2E034 (9/96)

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: Marci Shapiro Asst. Sec. 3/4/97 954-832-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #