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

APPROVED AND FILED

95 MAY -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P92000003738 (1)

1. Corporation Name
ARTISTIC VIDEO PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
8362 PINES BLVD. SUITE 362 PEMBROKE PINES FL 33024	8362 PINES BLVD. SUITE 362 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 11/06/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 18840 NW 1ST STREET	26 18840 NW 1ST STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PEMBROKE PINES, FL	28 City & State: PEMBROKE PINES, FL
24 Zip: 33029 / 25 Country	29 Zip: 33029 / 30 Country

4. FEI Number: 65-0378111 ☐ 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

7. 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
KUTNER, MAURICE J 12TH FLOOR - COURTHOUSE PLAZA 28 W. FLAGLER ST. MIAMI FL 33130-1806	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	■ Change ☐ Addition
NAME	MURRAY, JAMES L	12 NAME	MURRAY, JAMES L	
STREET ADDRESS	8362 PINES BLVD. - SUITE 362	13 STREET ADDRESS	18840 NW 1 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	14 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	D	21 TITLE	VICE PRESIDENT	■ Change ☐ Addition
NAME	MURRAY, MELANIE L	22 NAME	MURRAY, MELANIE J.	
STREET ADDRESS	8362 PINES BLVD. - SUITE 362	23 STREET ADDRESS	18840 NW 1 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	24 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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: _____ April 27, 1995 305-436-2015
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0094815 CP