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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90031 038 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003738

1. Corporation Name

ARTISTIC VIDEO PRODUCTIONS, INC.

Principal Place of Business

18840 N.W. 1ST STREET
PEMBROKE PINES FL 33029
US

Mailing Address

18840 N.W. 1ST STREET
PEMBROKE PINES FL 33029
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1992

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **800 DOUGLAS ROAD**

Suite, Apt. #, etc.

22 **SUITE 110**

City & State

23 **CORAL GABLES, FL**

Zip

24 **33134**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 821056**

Suite, Apt. #, etc.

27

City & State

28 **SOUTH FLORIDA, FL**

Zip

29 **33082**

Country

30 **USA**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

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 **P** ☐ DELETE

NAME **MURRAY, JAMES L.**
STREET ADDRESS **18840 N.W. 1ST STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VP** ☐ DELETE

NAME **MURRAY, MELANIE J.**
STREET ADDRESS **18840 N.W. 1ST STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

305-569-0047

Date

Daytime Phone #

CR2E034 (11/98)