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FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000026027 (1)

1. Corporation Name

NETWORK VIDEO & ENTERTAINMENT, INC.



Principal Place of Business

115 D NW RACETRACK RD
CHOCTAW PLAZA
FT. WALTON BCH. FL 32547

Mailing Address

115 D NW RACETRACK RD
CHOCTAW PLAZA
FT. WALTON BCH. FL 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/02/1993

4. FEI Number

59-3178287

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

HAUGHT, ALEXANDRA R
5 CLIFFORD DRIVE
SUITE 12
SHALIMAR FL 32579

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. 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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME PCO
STREET ADDRESS NEWTON, MITCHELL
CITY-ST-ZIP 1736 BOLTON VILLAGE LANE
NICEVILLE FL 32578

TITLE ☐ DELETE

NAME STD
STREET ADDRESS TURNER, GARY
CITY-ST-ZIP 1498 OAKMONT CIRCLE
NICEVILLE FL 32578

TITLE ☐ DELETE

NAME VD
STREET ADDRESS MCKNIGHT, DON
CITY-ST-ZIP 1455 OAKMONT CIRCLE
NICEVILLE FL 32578

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

1.2 NAME SAME
1.3 STREET ADDRESS 115-D NW RACETRACK RD.
1.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32578

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SAME
2.3 STREET ADDRESS 115-D NW RACETRACK RD.
2.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32578

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SAME
3.3 STREET ADDRESS 115-D NW RACETRACK RD.
3.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32578

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 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.

SIGNATURE:

CR2E034 (10/97)