FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90065 024 ***150.00

DOCUMENT # P93000026027

1. Corporation Name

NETWORK VIDEO & ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
115 D NW RACETRACK RD CHOCTAW PLAZA FT. WALTON BCH. FL 32547	115 D NW RACETRACK RD CHOCTAW PLAZA FT. WALTON BCH. FL 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualifed
04/02/1993

4. FEI Number **59-3178287** | Applied For / Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAUGHT, ALEXANDRA R 5 CLIFFORD DRIVE SUITE 12 SHALIMAR FL 32579	81 Name DAn Perri 82 Street Address (P.O. Box Number is Not Acceptable) 5 Clifford Drive Suite 12 83 84 City Shalimar FL 85 Zip Code 32579

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 _President_ 3/15/99 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 PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME NEWTON, MITCHELL		1.2 NAME	
STREET ADDRESS 115-D NW RACETRACK ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BEACH FL 32578		1.4 CITY-ST-ZIP	
TITLE STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME TURNER, GARY		2.2 NAME	
STREET ADDRESS 115-D NW RACETRACK ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BEACH FL 32578		2.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME MCKNIGHT, DON		3.2 NAME	
STREET ADDRESS 115-D RACETRACK ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BEACH FL 32578		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _SIGNATURE REQUIRED President_ 3/15/99 850 863 3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #