

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**

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

**DOCUMENT #** **\$ P93000059178**  
1. Corporation Name

**SeaBreeze Video, Inc.**

 Principal Place of Business      Mailing Address  
  
**6535 - 142nd Avenue N.**      **100 - 2nd Avenue S.**  
**Clearwater, FL 34624**      **Suite 704**  
    **St. Petersburg, FL**  
    **33701**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. St. Petersburg, FL
24. Country	29. 33701
25. Country	30. Pinellas

3. Date Incorporated or Qualified	3a. Date of Last Report
8/27/93	
4. FEI Number	Applied For
59-3197817	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**
**10. Name and Address of New Registered Agent**

81. Name	B. Gray Gibbs
82. Street Address (P.O. Box Number is Not Acceptable)	100 Second Avenue S., Ste. 704
83. City	St. Petersburg FL
84. Zip Code	33701

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 B. GRAY GIBBS B. Gray Gibbs 5-30-96  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PSTD
STREET ADDRESS		1.3 STREET ADDRESS	Dean Tyler
CITY - ST - ZIP		1.4 CITY - ST - ZIP	3100 Coffee Pot Riviera NE
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	St. Petersburg, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	33701
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000001857140
STREET ADDRESS		5.3 STREET ADDRESS	-06/10/96--01025--036
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***225.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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)(k), 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:** Dean Tyler  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96  
 Date

Daytime Phone #

CR2E034 (12/95)