

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004842 (8)

1. Corporation Name

SUNSHINE KIDVID ENTERTAINMENT, INC.



Principal Place of Business

**1915 HARRISON ST.
HOLLYWOOD FL 33020**

Mailing Address

**1915 HARRISON ST.
HOLLYWOOD FL 33020**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report
04/10/1995

4. FEI Number
65-0464761

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 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

~~LANE, JERE~~
~~11500 N.W. 10TH STREET~~
~~REMBROKE PINES FL 33026~~

81 Name **DOUGLAS BISCHOFF, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable)
MORGAN, LEWIS + BOCKIUS, LLP
83 **200 So. BISCAYNE BLVD., #5300**
84 City **MIA** 85 Zip Code **FL 33131**

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 change of, Section 607.0505, Florida Statutes.

SIGNATURE *Douglas K. Bischoff* **DOUGLAS K. BISCHOFF**

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|--|
| TITLE | CEO | <input checked="" type="checkbox"/> DELETE |
| NAME | BRESLIN, JERRELL A. | |
| STREET ADDRESS | 1915 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | PC | <input type="checkbox"/> DELETE |
| NAME | RODGERS, JR. T | |
| STREET ADDRESS | 1915 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SHAPIRO, ROBERT | |
| STREET ADDRESS | 1915 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KING, LAURA A. | |
| STREET ADDRESS | 1915 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCKEAN, RANDOLPH | |
| STREET ADDRESS | 1915 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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)(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: *Laura A. King*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURA A. KING

4/15/96 (954) 929-6902
Date: Daytime Phone #

CR2E034 (12/95)