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 # P94000005297 (4)

1. Corporation Name

VIDEO MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2469 10TH AVENUE NORTH LAKE WORTH FL 33461 US	2469 10TH AVENUE NORTH LAKE WORTH FL 33461 US

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report: 08/10/1995
4. FEI Number: 65-0458733 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 970 old oak rd.	26 970 old oak Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: wellinston FL	28 City & State: Wellinston FL
24 Zip: 33414 25 Country: US	29 Zip: 33414 30 Country: US

9. Name and Address of Current Registered Agent

DIMINO, PATRICIA A
2469 10TH AVENUE NORTH
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name: Dimino, Patricia A
82 Street Address (P.O. Box Number is Not Acceptable): 970 old oak Rd
83
84 City: wellinston FL 85 Zip Code: 33414

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 X ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PRES	☐ DELETE
NAME	DIMINO, PATRICIA A	
STREET ADDRESS	2469 10TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SECT	☐ DELETE
NAME	DIMINO, LAWRENCE M	
STREET ADDRESS	2469 10TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	☒ Change ☐ Addition
1.2 NAME	Dimino, Patricia A	
1.3 STREET ADDRESS	970 old oak Rd	
1.4 CITY-ST-ZIP	wellinston FL 33414	
2.1 TITLE	Sect	☒ Change ☐ Addition
2.2 NAME	Dimino, Lawrence	
2.3 STREET ADDRESS	970 old oak Rd	
2.4 CITY-ST-ZIP	wellinston FL 33414	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 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
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 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: X ______ 4/30/96 407-739-9180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)