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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 18 1998 8:00am Secretary of State

	MENT # P9400 TER VIDEO DISTRIBUTOR		* 6		
Principal Plac	e of Business	Mailing Address			
22059 US HWY 19 N 22059 US HWY 19 N					
CLEARWATER		CLEARWATER FL 34625		DO NOT HIDITE IN THIS SOLOE	
				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
				**	
6 Principal P	lace of Rusiness	2a. Mailing Address		01/24/1994 4. FEI Number Applied For	
2. Principal Place of Business		26.		59-3221830 Not Applicati	
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.		See The Additional	
2		27		5. Certificate of Status Desired Fee Required	
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intengible	
24	25	29	30	Personal Properly Tax due June 30.  Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
FL	YNN, SEAN		81 Name		
	059 US HWY 19 N		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CL	EARWATER FL 34625				
			83		
			84 City	85 Zip Code	
				Progration submits this statement for the purpose of changing its registeredation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typod or printed name of registered a OFFICERS A	IND DIRECTORS	i: Registered Agent signature requ	uired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Change Additi	
NAME	VAN VOORHIS, DAMON		1.2 NAME		
STREET ADDRESS	2988 PINEWOOD RUN		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETÉ	2.1 TITLE	Change Additi	
NAME	FLYNN, SEAN		2.2 NAME		
STREET ADDRESS	1120 KENWOOD DR		2.3 STREET ADDRESS	SIO FATETIE CHEC. S.	
CITY-ST-ZIP	DUNEDIN FL 34898		2.4 CITY-ST-ZIP	SIO FAIETTE CAC. S. AFETY HALBOR FL 34695	
गार्ट		☐ DELETE	3.1 TIFLE	LI Change LI Additi	
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		TTOSLET	3.4 CITY-S1-ZIP		
TITLE		☐ DELETĒ	4.1 TITLE	Change Additi	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additi	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		····	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change  Additi	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 Ibarahu	portific that the information ourplied	with this filing does not qualify for	or the exemption stated in	Section 119 07(3)(i) Florida Statutes I further certify that the information	

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 attrichment with an additions.

1 0 100 813-791.337