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

P94000022760 (0) DOCUMENT #
1. Corporation Name

BOULEVARD VIDEO, INC.

Principal Place of Business Mailing Address 3255-59 DAVIE BLVD C/O MAS FT LAUDERDALE PO BOX 771210 DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33077-1210 3. Date Incorporated or Qualified 03/24/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0476318 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Country Zip Country $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Flegistered Agent Name MILLER, JOSEPH C/O MAS Street Address (P.O. Box Number is Not Acceptable) 210 UNIVERSITY DRIVE STE 105 83 CORAL SPRINGS FL 33077 Zip Code 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 Horida. 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 Signature, typed or printed name of roge times agent and time if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 111LE NUSBAUM, DAVID NAME 1.2 NAME 3255 W. DAVIE BLVD. STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 33004 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change TITLE 61 TITLE Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

14. Thereby certify that the information supplied with this filing does not qualify for he exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplied with this filing does not qualify for he exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplied with that I am an officer or director of the corporation of the receivery fust the 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 attack rich with an address.

FILED

May 14 1998 8:00am

Secretary of State