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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000038820

STREET ADDRESS

ANTS VIDEO CORPORATION

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Principal Place	e of Business	Mailing Address					,		
600 NORTH ST	ATE RD 7	600 N. SATE RD 7						٠,	
STE 62 STE 62						DO NOT WRI	TE IN THIS	SPACE	
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US						3. Date Incorporated or Qualifed	7E 114 71110		
US US						05/23/1994			
		G harling Address				4. FEI Number		ΤΔτ	plied For
2. Principal P	Place of Business	2a. Mailing Address				65-0485251			ot Applicable
21		26 Suite Ant # sto				05/0403231		\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Re	
22 27 City & State City & State						6. Flatia Compains Figureins		\$5.00	
<b>–</b>	te	— — · ′				6. Election Campaign Financing Trust Fund Contribution		Added 1	
23	Causta	28 Zip	Co	untry		8. This corporation owes the curr	net was into		
Zip	Country	<b>⊢</b> '		unuy		Personal Property Tax.	em year mic	Yes	□No
24	25	T.i	30	1		10. Name and Address of New I	Registered /		-
	9. Name and Address of Curro	ent Registered Agent		81 Na	me	10. Haine and Addiess of New Y	togiotorou /		1
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ANT 250 BIRD ROAD				<b>82</b> Str	eet Addre	ess (P.O. Box Number is Not Accept	able)		
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				83			間待馬		
CUF	RAL GABLES FL 33146			84 Cit	,		111	85 Zip	Code
han 4451.51.00	er a dell'emperio	200 St 24 3 CO S	•			oration submits this statement for the n's board of directors. I hereby acce	<u> </u>	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE AND DIRECTORS	: Registere		ture required	when reinstating)	DATE FICERS AN	D DIRECTO	DRS IN 12
12.	PSTD	DELETE	_	TITLE		30-t- 4027:		Change	Addition
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90024 009 \*\*\*150.00