FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001471575
-05/02/95--01136--020
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94 000047511

1. Corporate Name
Video Thrills, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 6-21-94
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #
22 /
City & State
23

2a. Mailing Address
26 65 Patterson Ave.
Suite, Apt. #
27
City & State
28 Hamilton, NJ 08610

24 25 29 30 USA

4. FEI Number: 65-0502734
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 [X] No

9. Name and Address of Current Registered Agent

Jack Fitzgerald
1633 NE 17 Ave.
Ft. Lauderdale, FL 33305

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 this corporation's board of directors. Check, if not the appointment of a registered agent. I am familiar with the duties and responsibilities of Section 607.0505, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

Title	President
Name	Sam Schreiber
Address	65 Patterson Ave.
City, State, Zip	Hamilton, NJ 08610
Title	Treasurer/Secy
Name	David Kurzman
Address	17 Dogwood Dr.
City, State, Zip	Flemington, NJ 08822

13. ADDITIONS, CHANGES, OR CORRECTIONS

[ ] Change [ ] Add

5/1/95 MS

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties provided for in the applicable provisions of the Florida Statutes 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 with any addition, deletion or change noted with an asterisk.

SIGNATURE: Sam Schreiber, pres. 4/17/95 609 890 1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR