

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 FEB 27 PM 12: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000062917 (7)**

1. Corporation Name  
**SKUNK WORKS VIDEO, INC.**

Principal Place of Business Mailing Address  
**9400 S. DADELAND BLVD., STE. 100 MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/22/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0514049</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**GRIFFITH, THOMAS F  
9400 S. DADELAND BLVD., STE. 100  
MIAMI FL 33156**

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 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 \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GRIFFITH, THOMAS F</b>
STREET ADDRESS	<b>9400 S. DADELAND BLVD., STE. 100</b>
CITY - ST - ZIP	<b>MIAMI FL 33156</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>DIR + PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>ROBERT L. CHRISTENSEN</b>
23 STREET ADDRESS	<b>9400 S DADELAND BLVD STE 100</b>
24 CITY - ST - ZIP	<b>MIAMI FL 33156</b>
31 TITLE	<b>DIR + VICE PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>KATHLYN BELMONT</b>
33 STREET ADDRESS	<b>9400 S DADELAND BLVD STE 100</b>
34 CITY - ST - ZIP	<b>MIAMI FL 33156</b>
41 TITLE	<b>DIR + SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>VICKY H. GRIFFITH</b>
43 STREET ADDRESS	<b>9400 S DADELAND BLVD STE 100</b>
44 CITY - ST - ZIP	<b>MIAMI FL 33156</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 addendum.

SIGNATURE: *Thomas F Griffith*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**THOMAS GRIFFITH**

2/8/95 305-670-6161  
Date Expires



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

**February 15, 1995**

**SKUNK WORKS VIDEO, INC.**  
**9400 S. DADELAND BLVD., STE. 100**  
**MIAMI, FL 33156**

**SUBJECT: SKUNK WORKS VIDEO, INC.**  
**Ref. Number: P94000062917**

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not a valid FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

**Tyrone Scott**  
**ANNUAL REPORTS Section**

**Letter number: 795A00006860**