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

Mailing Address

17100 COLLINS AVE.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

16682 COLLINS AVE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070960 (7)

MOSCOW VIDEO MUSIC AND BOOKS, INC.

NORTH MIAMI BEACH FL 33160 STE. 112 NORTH MIAMI BEACH FL 33160-3675 3a. Date of Last Report 3. Date Incorporated or Qualified 09/27/1994 01/24/1996 2. Principal Place of Business 28. Mailing Address FEI Number Applied For 16682 65-0522484 21 26 Not Applicable Suite, Apt. #, etc. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 7 Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing Dersh Г 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible jax under s. 199.032, Florida Statutes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name NOSIKOVSKY, FREIDA 16682 COLLINS AVE. Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33160 83 City 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. Suprimes Type if a print of the substreet should agreed and bit of priph able. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11 TITLE TIFLE NOSIKOVSKY, FRIEDA 12 NAME NAME 16682 COLLINS AVE. 13 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 CHY-ST-ZE 1.4 CITY - ST - ZIP DELETE Change Addition THILE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CHY-ST-7IP 2 4 CITY - ST - ZIP DELETE Change Addition 3.1 1ITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CBY-SE Change Addition DELETE 4.1 TITLE Hist NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY ST ZE Addition DELETE Change 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY-ST-ZiP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESSS C(EY - ST - ZIP 6.4 CITY - ST- ZIP

14. I do 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 it 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

FILED Jan 23 1997 8:00am Secretary of State

(96/6) (96/6)

CR2E034

Daytime Phone #