

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

003044

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90128 005 ***150.00

DOCUMENT # P94000087175

1. Corporation Name

BROADCAST VIDEO SERVICES, INC.

Principal Place of Business

748 OAK DRIVE
CLERMONT FL 34711

Mailing Address

748 OAK DRIVE
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1994

4. FEI Number

59-3287844

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 933 Lee Rd.

Suite, Apt. #, etc.

22 Suite 400A

City & State

23 Orlando, FL

Zip

24 32810

Country

25 USA

2a. Mailing Address

26 933 Lee Rd.

Suite, Apt. #, etc.

27 Suite 400A

City & State

28 Orlando, FL

Zip

29 32810

Country

30 USA

9. Name and Address of Current Registered Agent

TARA FINANCIAL SERVICES INC.
489 WEST MINNEHAHA AVENUE
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name Cherie Kennell

82 Street Address (P.O. Box Number is Not Acceptable)

83 725 Hudson Ln.

84

City Lady Lake

FL

85 Zip Code 32159

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KENDELL, MICHAEL P

STREET ADDRESS 748 OAK DRIVE

CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Name Spelling Correction ☒ Change ☐ Addition

1.2 NAME Kennell, Michael P.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(407) 644-9933

Daytime Phone #

CR2E034 (11/98)