SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000087821 (2) FLORIDA VIDEO, INC. Mailing Address Principal Place of Business P.O. BOX 82427 4825 TEATHER AVE TAMPA FL 33682 TAMPA FL 30612 --3a. Date of Last Report 3. Date incorporated or Qualified 04/13/1995 12/05/1994 Applied For 4. FEI Number Principal Place of Business Not App'icable 59-3282385 4902-UmberWA) 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees 28 TAM Trust Fund Contribution フオハ 23 under s. 199 032, 8. This corporation has hability for intangible to Yes X No Florida Statutes 29 10. Name and Address of New Registered Agent J. LOAPZ is Not Acceptable RA LOPEZ, FRANK J. (P.O. Box Number is Not - UM & RA 82 **1825 HEATHER AVE** TAMPA FL 38612-11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Pforigh Statutes, the above-named corporation submits this statement for the purpose of chan office or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with and acceptance obligations of, Section 607.0505, Florida Statutes. SIGNATURE gistered Agent signature required when reinstifing) I name of registere ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTOR 12. 113016 TITLE 1.2 NAME LOPEZ, FRANK J NAME 1825 HEATHER AVE 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** 1.4 CITY - ST - 2IP CITY-ST-ZIP Addition DELETE 21 THTLE TITLE NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change ____ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplemental armyal report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am ar officer or director of the corporation or the receiver or Justee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or erran attachment with an address CITY - ST - ZIP

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ATURE AND TYPED OR PRINTED NAME

SIGNATURES