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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90007 034 \*\*\*150.00

DOCUN 1. Corporation	MENT # <b>P95000</b>	005016									
NEW IM	AGE VIDEO, INC.										
		•									
	·										
Principal Place	e of Business	Mailing Address									
7911 W. SAMPLE RD. 7911 W. SAMPLE RD.											
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						DO NOT WRITE IN THIS SPACE					_
							Incorporated or Q	ualifed			[
)	•						9/1995		, ,		
2. Principal Pl	lace of Business	2a. Mailing Address	3			4. FEI N			<u> </u>	plied For	
21		26				65-0	<u> 588182</u>			t Applicable	l
Suite, Apt. #, etc.			C.			5. Certif	cate of Status Des	sired 🗌	\$8.75 A	Additional equired	
22 27 City & State City & State			<del></del>			a-Electi	ion:Campaign:Fina	noina :-		-May Be ===	l
	e City & State						Fund Contribution	.     -		to Fees	"=
Zip	Country	Zip	Col	ntry			corporation owes t		tangible		1
24	25	29	30			j	onal Property Tax.	· · · · · · · · · · · · · · · · · · ·	Yes	□No	
	9. Name and Address of Curren	Registered Agent				10. Nam	e and Address of	New Registered	Agent		-
h=-	FROEN CAROLV			81	Name						
PEDERSEN, CAROLY				82	Street Ad	dress (P.O. Bo	x Number is Not	Acceptable)			1
3111 STIRLING RD. FT. LAUDERDALE FL 33312				-							ł
PI. L	AUDERDALE PL 33312			83							
į	•			84	City			FL	85 Zip	Code	
<u> </u>		) CO7 4500 Florida	Ciatura the c	haus	namad aa	moration cuba	nite this statement		f changing its	registered	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change	was authorized	bove by	the corpora	ition's board of	f directors. I hereb	y accept the appo	intment as re	gistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.050	)5, Florida Stat	utes.	•						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	l Ageni	t signature regu	ired when reinstating	g)	DATE			ء
12.	OFFICERS AN		13.	-			IONS/CHANGES	TO OFFICERS A	ND DIRECTO		ő
TITLE	D	X DELE	TE 1.1 T	TLE		<b>D</b>			Change Change	Addition	5
NAME	HANG, HONGGNO		1.2 N	AME		LIANG	, HONG	GUO			5
STREET ADDRESS	12 <del>50 E HALLANDALE BEACH E</del>	<del>ILVD #10</del> 02	1.3 5	FREET	ADDRESS	7911 W	v. SAMPLE	ROAD			Ĭ
CITY-ST-ZIP	HALLANDALE FL 33009			TY-\$1	T-ZIP	CORAL	. SAMPLE SPRING	5, FL 33	065		و ا
TITLE		☐ DELE	• • • • • • • • • • • • • • • • • • • •			•		=	☐ Change	☐ Addition	`
NAME			2.2 N								
STREET ADDRESS	,				ADDRESS						
C/TY-ST-ZIP		[7 here		ny-s	T-ZIP				Change	☐ Addition	+
TILE		DELE			-		<del></del>			Addition	-نـــٰ
NAME			3.2 N						-		
STREET ADDRESS					ADDRESS						1
CITY-ST-ZIP		DELE		ITY-S	T-ZIP				Change	☐ Addition	{
TITLE			4.21							_	1
NAME ADDOCES			•		TADDRESS						
STREET ADDRESS				TY•S1							
CITY-ST-ZIP TITLE		DELI			211				☐ Change	Addition	1
NAME			5.2 N								-
STREET ADDRESS	•		5.3 S	TREET	ADDRESS						
CITY-ST-ZIP			5.4 C	TY-51	T-ZIP				_		
TITLE		☐ DELI	ETE 6.1 T	TLE					☐ Change	☐ Addition	1
NAME	1		6.2 N	AME				•			1

CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS