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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandia B. Mortháhi 🌘

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000039740 (2) DOCUMENT # Corporation Name EUROCAM VIDEO PRODUCTIONS, INC. Mailing Address Principal Place of Business 81 WEYMOUTH LANE 81 WEYMOUTH LANE PALM COAST FL 32164 PALM COAST FL 32164 3a. Date of Last Report 3. Date Incorporated or Qualified 05/18/1995 Applied For 2a. Maifing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State П Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199.032. Country Country Zip Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GUNTHARP, PAUL M JR 4 OLD KINGS ROAD N., SUITE B 83 PALM COAST FL 32137 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 807.0505, Florida Statutes. SIGNATURE. "Notify: Registered Agent signature required when renetality number of registered agend arms to it applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.170006 TITLE 1.2 NAME SHIPMAN, DAVID B NAME 1.3 STREET ADDRESS 81 WEYMOUTH LANE STREET ADDRESS 1.4 CITY - ST- ZIP PALM COAST FL 32164 CITY -ST-ZIP Change Addition DELETE 2 1 TiTuE TITLE 2.2 NAM5 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$1 - 7/P CITY - ST - ZIP Change Addition DELETÉ 3 1 THUE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS 8000001785378 STREET ADDRESS 3.4 CITY - ST- ZIP -01/18/96 ***200.00 CITY-ST-ZIP ☐ Addition DELETE 4 1 THLE TIFLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 C-TY -ST - 7IP CITY - ST - ZIP ☐ Change ☐ Addition DELF (E 5 1 TI'LE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY - ST-ZIP Change Addition DELETE 6 1 TiTLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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14. If 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 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 to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name annears in Block 12 or Block 2 or Chapter 600 in a statutement with an arbitrary.

SIGNATURE:

appears in Block 12

STREET ADDRESS