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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042067 (5)

FLORIDA FILM & VIDEO, INC.

## **FILED** Jun 05 1997 8:00am Secretary of State



|  | 0 01 00011000  | Waning Address  |   |                                    |   |  |                       |
|--|--|---|---|------------------------------------|---|--|-----------------------|
| 830 8. FEDERAL HIGHWAY<br>DEERFIELD BEACH FL 33441 |  |   | 530 S. FEDERAL HIGHWAY<br>DEERFIELD BEACH FL 33441-4112 |                                    |   |  |                       |
|  |  |   |   |                                    | 3. Date Incorporated or Qualified 05/30/1995  | 3a. Date of Last R<br>08/26/1996               | leport                |
|  | ace of Business  | 2a. Mailing Address   | 1   |                                    | 4. FEI Number   | <del></del>                                    | oplied For            |
| 21 Sullo Ani                                       | # ala  | 26  |   |                                    | <b>65-0584879</b> Not Applicable  |  |                       |
| Suite, Apt   | w, etc.  | Suite, Apt. #, etc.   |   |                                    | 5. Certificate of Status Desired \$8.75 Additional Fee Regulared  |  |                       |
| City & State                                       | 3  | City & State  |   | ····                               | 6. Election Campaign Financing  |  |                       |
| 28   |  |   |   |                                    | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |  |                       |
| ZiP  | Zip Country Zip  |   | Country   |                                    | 8. This corporation has liability for intangible tax under s. 199.032.  |  |                       |
| 25 29  |  |   |   | ·                                  | Florida Statutes  |  |                       |
|  | g, Name and Address of Cur   | rent Registered Agent   |   | val iii                            | 10. Name and Address of New Re  | Jistered Agent                                 |                       |
| LINDA M. GRANATA, P.A.                             |  |   |   | 31 Name                            | Name  |  |                       |
|  | DO BISCAYNE BLVD.  |   | 82 Street Add   |                                    | dress (P.O. Box Number is Not Acceptab  | le)  |                       |
|  | re 401<br>RTH Miami FL 33181   |   | -   | 33                                 |   |  |                       |
| . 1101   | iii auranii ( C 00 10 (  |   |   |                                    | · · · · · · · · · · · · · · · · · · ·   | <del></del>                                    |                       |
| •  |  |   |   | City                               |   |  | Code                  |
| 11. Pursuant t                                     | o the provisions of Sections 607.0   | 502 and 607.1508, Florida State                                     | utes, the abo   | ove-named co                       | rporation submits this statement for the pr   | uraces of changing it                          | s registered          |
| agent. I ar  | gistered agent, or both, in the Stamifiar with, and accept the ob-   | ligations of, Section 607.0505, F                                   | s aumorized<br>Florida Statu                            | by the corporates.                 | ation's board of directors. I hereby accep  | t the appointment as                           | registered            |
| SIGNATURE  |  |   |   |                                    |   |  |                       |
| <del></del>  | Signature, typed or printed name of registered   | agent and title if applicable (NO<br>AND DIRECTORS                  | <del></del>   | Agent signature req                | uired when roinstating)   | DATE   |                       |
| TITLE  | PV8  | DELETE  | 13.   | r !                                | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTOR Change                        | IS IN 12<br>Addition  |
| NAME   | ALLEN, JODIE   | Deterit   | 1.2 NAM   |                                    |   | ⊏т сланде                                      | L_1 MODILION          |
| STREET ADDRESS                                     | 1 San an area area   |   |   | EET ADDRESS                        |   |  |                       |
| CITY-ST-ZIP  | DEERFIELD BEACH FL 3344  | <b>1</b> 1  |   | -ST-ZIP                            |   |  |                       |
| TITLE  |  | DELETE  | 2.1 TITL  |                                    |   | Change   | Addition              |
| NAME   |  |   | 2.2 NAM   |                                    |   |  |                       |
| STREET ADDRESS                                     |  |   |   | ET ADDRESS                         |   |  |                       |
| CITY-ST-ZIP  | <u> </u>   |   | 2.4 CIT   | r-\$t-zip                          |   |  |                       |
| TITLE  | The state of the s |   | 3.1 71114   | E                                  |   | ☐ Change                                       | Addition              |
| NAME   |  |   | 3.2 NAM   | E                                  |   |  |                       |
| STREET ADDRESS                                     |  |   | 3.3 STRE  | ET ADDRESS                         |   |  |                       |
| CITY-ST-ZIP  |  |   |   | /-ST-ZIP                           |   |  |                       |
| TITLE  |  | ☐ DELETE  | 4.1 TITLI   |                                    |   | ☐ Change                                       | Addition              |
| NAME   |  |   | 4. 2 NAN  |                                    |   |  |                       |
| STREET ADDRESS                                     |  |   |   | EI ADDRESS                         |   |  |                       |
| CITY-ST-ZIP<br>TITLE                               |  | DELETE  |   | -ST-ZIP                            |   | [7] Obs.                                       |                       |
| NAME   |  | □ becelt  | 5.1 TITLE   |                                    |   | Change   | Addition              |
| STREET ADDRESS                                     |  |   | 5.2 NAM   |                                    |   |  |                       |
| CITY+ST+ZIP  |  |   |   | ET ADDRESS                         |   |  |                       |
| TITLE  | <del></del>  | DELETE  | 5.4 CHY<br>6.1 TITLE                                    | - ST - ZIP                         |   | Change   | Addition              |
| NAME   |  | vecet   | 6.2 NAM   |                                    |   | change   | L AUGIDOR             |
| STREET ADDRESS                                     |  |   |   | E1 ADDRESS                         |   |  |                       |
| CITY-ST-ZIP  |  |   | 6.4 CITY  | i                                  |   |  |                       |
| 14. I do hereb                                     | y certify that the information suppl   | lied with this filing does not aud                                  | Jify for the ex   | kemption state                     | ed in Section 119.07(3)(i). Florida Statutes  | . I further certify that                       | the                   |
| information<br>I am an off                         | indicated on this annual report of<br>icer of director of the corporation  | r supplemental annual report to<br>or the receiver or trustee empty | true and ac   | curate and that<br>ecute this repo | od in Section 119.07(3)(i), Florida Statutes<br>at my signature shall have the same legal<br>ort as required by Chapter 607, Florida St | offect as if made unc<br>atutes; and that my n | der oath; that<br>ame |

skhlan