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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054313 (8)

MIDDLETON VIDEO PRODUCTIONS, INC.

Mailing Address Principal Place of Business 103 PINE NEEDLE LANE 103 PINE NEEDLE LANE ALTAMONTE SPRINGS FL 32714-5814 **ALTAMONTE SPRINGS FL 32714** 3a. Date of Last Report 3. Date Incorporated or Qualified 07/06/1995 08/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3325738 Not Applicable 26 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Žip Country This corporation has tiability for intangible tax under s. 199.032, Zip Country Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MIDDLETON, MARC D 103 PINE NEEDLE LANE Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** 83 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Storiature, typed or pricted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME MIDDLETON, MARC D NAME 103 PINE NEEDLE LANE 1.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 1.4 CITY - ST-ZIP City - St - 7IP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME NAVE 2.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 2.4 CITY-ST-7/P Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CHY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TOTLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZP Change Addition DELETE 5.1 THILE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIF Addition Change DELETE 6.1 TITLE THUE NAME 6.2 NAME

6.9 STREET ADDRESS

64CITY-SI-ZIP

14. I do 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