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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000060203 (3)
1. Corporation Name

THEATRE AND VIDEO PRODUCTS, INC.

Mailing Address

## FILED Jan 16 1997 8:00am Secretary of State



Trinoipai Fiade or Ensances		(Majiri)	Majing Address					
921 N.E. 79TH Miami Fl. 33130			E. 79TH STREET FL 33138-4715					
						3. Date Incorporated or Qualified 3. 08/03/1995		
2. Principal Pl	lace of Business	2a. Ma	uling Address			4. FEI Number		ed For
21		26				65-0602241	Not A	pplicable
Suite, Apt.	#, etc.	27	ite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add Fee Requi	
City & State	Đ	-	y & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
Zip 24	Country 25	28 Zq 29	)	Country 30	,	8. This corporation has liability for intal		
24	g. Name and Address of Curre		d Agent	1301		10. Name and Address of New Regist		
EEIN	IBERG, JEFFREY			81	Name			
4651 SHERIDAN STREET SUITE 300			82 Street		Street	Address (P.O. Box Number is Not Acceptable)		<del></del> .
	LYWOOD FL 33021			83				
				84	City		FL 85 Zip Coo	de
SIGNATURE.	Signature, typod or printed name of registerest a	gent and tile if ap	plication (NC	TE Registered Ag			DATE	
12.		ND DIRECTO	RS DELETE	13.		ADDITIONS/CHANGES TO OFFICER		IN 12 Addition
TITLE	D FOWLER, RICHARD		☐ betere	1.1 TITLE 1.2 NAME			Change	KOUIIIOII
NAME STREET ADDRESS	921 N.E. 79TH STREET			- 4	r address			
CITY-ST-ZIP	MIAMI FL 33138			1.4 CITY-1				
TITLE	D		DELETE	2.1 7ITLE	21 ED		☐ Change	Addition
NAME	GAMBLE, JOHN			22 NAME				
Stréet address	921 N.E. 79TH STREET			2.3 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138		··· ·· <b>y</b> ·	2 4 CITY-	ST-ZIP			
TITLE			☐ DELETE	31 TITLE			∐ Change L	Addition
NAMÉ OZDOST ADODOSO				32 NAME				
STREET ADDRESS CITY - S1 - ZIP				33 STREE 34. CITY-	F ADDRESS			
TITLE			DELETE	41 TITLE	OI-FIL		Change [	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	ADDRESS			
CITY - S1 - ZIP			7 200 525	4.4 CITY-	ST-ZIP	,		4.000
TITLE			DELETE	5.1 TITLE			Change _	Addition
NAME Street Address				5.2 NAME	T ADDRESS			
CITY - ST - ZIP				5.3 STREE:				
TITLE			DELETE	6.1 TITLE	71 - FIL.		☐ Change	Addition
NAME				6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZiP				6.4 CITY-				
14 Ldo hereb	by certify that the information suppli	ied with this f	ling does not gua	lify for the exc	emption s	stated in Section 119 07/3)(i) Florida Statutes L	further certify that the	a

4. 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 ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if thanged, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

RICHARD FOWLER

1/10/97

305-754-9136