FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000080649 (3)

1. Corporation Name

DIGITAL VIDEO ENTERPRISES, INC.

Principal Place of Business

Mailing Address



318 E PALMETTO PARK RD BOCA RATON FL 33432		318 E PALMETTO PARK RO BOCA RATON FL 33432								
					3. Date Incorporated or 10/18/1995	Qualified	3a. Date o	of Last R	eport]
2. Principal Plac		2a. Mailing Address			4. FEI Number		1		Applied For	1
21 2261 Cherry Palm Rd.		25 same as 21.			65-06147	68			Not Applicable]
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status D	esired	\$8.75 Additional Fee Required			
City & State 23 Boca	Raton. El	City & State	₁		6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F			•		
Zip	Country	e - 🗣 rambe e e escelo con construir anno anno en en e	Zip Country		R. This corporation has liability for intangible tax under s 199.				4	
24 3343		29	30	n. y	Florida Statutes		es No			
	9. Name and Address of Curren	LT.I.			10. Name and Address of New Registered Agent					-
				81 Name						1
COHEN.	PATRICIA V ESQ				eet Address (P.O. Box Number is Not Acceptable)					-
318 E PA	ALMETTO PARK RD									
BOCA RA	ATON FL 33432			83						1
				84 City				85 Zi	p Code	-
				Gity			FL	65 2	p Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	and 637.1508, Florida Statute da. Such change was authoriz ion 607.0505, Florida Statutes	es, the abo ed by the o	ove-named corpo corporation's boa	oration submits this statement and of directors. I hereby accep	for the purp of the appo	oose of chan intment as r	ging its egistered	registered office I agent. I am	
SIGNATURE _										
12.	Signature, typed or printed name of registered agent OFFICERS ANI		III: Registered	Agent signature require	ed when reinstating: ADDITIONS/CHANGE	e to offi	DATE OF DO AND 1	NDF OT C	NDC IN 10	ન્& ફે
TITLE	PD	DELETE	1.11	TIF T	ADDITIONS/CFIANGE	5 10 OFF	 	Change	Addition	∤ઍ
NAME	IOANNOU, GEORGE		12 N				L	Ç manığı s		4
STREET ADDRESS	318 E PALMETTO PARK RD			THEET ADDRESS						ြုပ္သ
CITY-ST-ZIP	BOCA RATON FL 33432			ITY-S1-ZIP						CR2E034 (12/95)
TIFLE	STD	☐ DELETE	DELETE 2.11					Change	☐ Addition	ქḃ
NAME	COHEN, PATRICIA V		22 N	NAME						
STREET ADDRESS	318 E PALMETTO PARK RD	2		TREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33432			HEY-SI-ZIP						
TITLE		DELETE	3 11					Change	Addition	1
NAME			3.2 N	AME						
STREET ADDRESS			3.3. 9	STREET ADDRESS						
CITY-ST-ZIP			3.4 C	ITY-ST-ZIP						
TITLE		☐ DELETE	4 11	IILE				Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 S	TREET ADDRESS					•	
CITY - ST - ZIP			4.4 C	ITY - ST - ZIP						
TITLE		☐ DELETE	5 1 1	AILE				Change	Addition	1
NAME			5.2 N	AME AME						1
STREET ADDRESS			5.3 S	TREE1 ADDRESS						
CITY-ST-ZIP			540	ITY - ST - ZiP						
TITLE		☐ DELETE	6 1 1	IITLE				Change	Addition	1
NAME			6.2 N	AME						
STREET ADORESS			6.3 S	TREE1 ADDRESS						
CITY-ST-ZIP			640	ITY-ST-ZIP						
14. 1 do hereby	certify that the information supplied	with this filing is voluntarily furn	nished and	does not qualify	for the exemption stated in Se	ction 119.	07(3)(k), Flori	da Statu	tes. I further	7

14. I 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 arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

SIGNATURE:

Patricia V. Caransidada of Ficer or Director

4/29/96 407-447-4187