


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

<b>CORPORATION ANNUAL REPORT 1996</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 19500008774</b> 1. Corporation Name <b>BP VIDEO INC</b>			
Principal Place of Business <b>8979 Taft St Pembroke Pines, FL 33024</b>		Mailing Address <b>17400 NE 12 Ct Miami, FL 33162</b>	
		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3a. Date of Last Report <b>N/A</b> 3. Date Incorporated or Qualified <b>12/1/95</b> 4. FEI Number <b>65-0622607</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Broward 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		30 Dade 31 Name <b>Allen P. Shappe</b> 32 Street Address (P.O. Box Number is Not Acceptable) <b>17400 NE 12 Ct</b> 33 34 City <b>Miami</b> 35 Zip Code <b>FL 33162</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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 <u>Allen P. Shappe</u> DATE <b>4-26-96</b> <small>Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTO</b> NAME <b>Robert Patron</b> STREET ADDRESS <b>8560 NW 54 St</b> CITY - ST - ZIP <b>Lauderhill, FL 33351</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		100001845481 -05/31/96--01018--026 ***225.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ce 5/31/96	
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 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 appears in Block 12 or Block 13, unchanged, or on an attachment with an address.			
SIGNATURE: <u>Robert Patron</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-23-96 <small>Date Daytime Phone #</small>	