

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathum  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000094585 (3)**

1. Corporation Name  
**DEPTH VENTURE INDEPENDENT FILMS, INC.**



Principal Place of Business: **1644 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442**  
Mailing Address: **1644 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442**

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/11/1995</b>  | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>65-0626140</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO |  |

9. Name and Address of Current Registered Agent

**GEGERSON, JONATHAN  
1644 W. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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. Thereby accept the appointment as registered agent, I am familiar with, and I accept the obligation of, Section 607.0906, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                 |                                 |
|-----------------|---------------------------------|---------------------------------|
| TITLE           | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>GEGERSON, JONATHAN</b>       |                                 |
| STREET ADDRESS  | <b>608 LOCK ROAD</b>            |                                 |
| CITY - ST - ZIP | <b>DEERFIELD BEACH FL 33442</b> |                                 |
| TITLE           | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>WARNER, STACEY</b>           |                                 |
| STREET ADDRESS  | <b>21446 TOWN LAKES DRIVE</b>   |                                 |
| CITY - ST - ZIP | <b>BOCA RATON FL 33486</b>      |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 11. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME            |   |
| 13. STREET ADDRESS  |   |
| 14. CITY - ST - ZIP |   |
| 21. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME            |   |
| 23. STREET ADDRESS  |   |
| 24. CITY - ST - ZIP |   |
| 31. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME            |   |
| 33. STREET ADDRESS  |   |
| 34. CITY - ST - ZIP |   |
| 41. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME            |   |
| 43. STREET ADDRESS  |   |
| 44. CITY - ST - ZIP |   |
| 51. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME            |   |
| 53. STREET ADDRESS  |   |
| 54. CITY - ST - ZIP |   |
| 61. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME            |   |
| 63. STREET ADDRESS  |   |
| 64. CITY - ST - ZIP |   |

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, original, or on an attached form with an address.

SIGNATURE: *Jonathan Gegerson* **Jonathan Gegerson** **Feb 7, 96** **954-698-3098**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)