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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 08 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

**1998**DOCUMENT #

P96000010128 (2)

1. Corporation BUSINE	ESS VIDEO PRODUCTION	S OF FLORIDA, INC.					
Principal Place of Business  3505 FRONTAGE ROAD  SUITE 180  TAMPA FL 33607		Mailing Address 3505 FRONTAGE ROAD SUITE 180 TAMPA FL 33607	3505 FRONTAGE ROAD		DO NOT WRITE IN THIS SPACE		
	•••				3. Date Incorporated or Qualified		
					02/01/1996	<del></del>	
1	Place of Business	2a. Mailing Address			4. FEI Number	<del> </del>	pplied For
21 Suite, Apt.	# ata	Suite Apt. #, etc.			59-3358307		lot Applicable
	(140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 1	27 Suite	140		5. Certificate of Status Desired		Additional legulred
City & Stat		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zìp	Country	Zip	Country	,	8. This corporation owes or has pa	aid the current year In	ntangible
24	25	29	30		Personal Property Tax due June		□No
	g. Name and Address of Curr	ent Registered Agent		<del></del>	10. Name and Address of New Re	gistered Agent	
INT	Trastate registered agen	T CORPORATION	81	Name			
701 BRICKELL AVENUE				Street Addr	ess (P.O. Box Number is Not Acceptate	ole)	
MIAMI FL 33131						<del></del>	
			83				
			84	City		FL 85 Zip	Code
44 Durawant	to the provinces of Sections CO7.0	LOO and 607 1E09 Florida Ptol	uton the obov	o pomod savo	continuo submite this statement for the		ite registered
office or agent. I a	registered agont, or both, in the Sta am familiar with, and accept the ob				oration submits this statement for the pion's board of directors. I hereby accept	of the appointment as	s registered
Signature, typed or printed name of registered agent and site if applicable (NOTE:				ont signature requir	ed when reinstating)	DATE	50.040
12.		AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE			1.2 NAME			L Unange	Addition
NAME WISKUP, MARK A STREET ADDRESS 3505 FRONTAGE ROAD, SUITE 180			1.3 STREET	YUUDEGG			
CITY-ST-ZIP	TAMPA FL 33607	)(IC 100	1.4 City-S	Y			
TITLE	DELETE		2.1 TITLE	71. 211		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS	1.	7.5	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-\$T-ZIP			3.4. CITY-	ST-ZIP			
TITLE	DELETE		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	ļ			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		DELETE	4.4 CITY - S	ST-ZIP		Change	Addition
TITLE			5.1 TITLE			L Change	Addition
NAME PARCET ARROSCOS			5.2 NAME	ADDOLEC			
STREET ADDRESS			5.3 STREET 5.4 City-S	1			
TITLE		DELETE	6.1 TITLE	71 - LIF		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				i
14. I hereby	certify that the information supplied	with this filing does not qualify	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. [	further certify that the	e 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 if changed for on the attachment with an address.							