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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011998 (7)

NO SHOES VIDEO, INC.

FILED Jun 11 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 1001 SEAFARER CIRCLE, UNIT 201 1001 SEAFARER CIRCLE. UN					. UNIT 204			s radinate (4) Blis attil satti sahti skili asiki tibab tibte (sile jale (seli fasi	
JUPITER FL 33477				JUPITER FL 33477-9065					
								3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1996	
2.	Principal P	Place of Business	2a.	2a. Mailing Address				4. FEI Number / Applied For	
21				26				65-064/30# Not Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
	City & State			City & State				Election Campaign Financing \$5.00 May Be	
23		28						Trust Fund Contribution	
Щ	Zip	├ ─, ' ├─, ' ├─, '			8. This corporation has liability for intangible tax under s. 199,032.				
24		25 9. Name and Address of Curren	29	and Acont	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent	
-						81	Name	10. Name and Address of New Registered Agent	
THE LAW FIRM OF LAWRENCE J SPIE				GEL CHRTD					
343 ALMERIA AVENUE						82	Street A	ddress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134									
١.,		·			ļ.	_			
						84	City	FL 85 Zip Code	
11	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								
-	11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Signature, lypod or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS					B. (NOTE: Registered Agont signature req			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT		PTD	0	DELETE	1.1 T(T	ιE		☐ Change ☐ Addition]	
NA	ME	CARTER, DEREK L			1.2 NA	ME	İ		
STE	REET ADDRESS	1001 SEAFARER CIRCLE, UNI	T 204		1.3 STI	HEFT	ADDRESS		
CIT	Y-ST-ZIP	JUPITER FL 33477			1.4 CiT	Y-\$	T-7IP		
ŦIT	LE	VSD		DELETE	2 1 111	LĒ		Change Addition	
NA	ME	CARTER, PAULA A			2 2 NA	ME	l		
ŞTI	REET ADDRESS	1001 SEAFARER CIRCLE, UNI	T 204		2.3 \$1	reet	ADDRESS		
	Y-ST-Z#P	JUPITER FL 33477		DELETE	2. 4 CI		ST-ZIP	Change	
TIT				L. J DELETE	3.1 1(1		ŀ	Change Addition	
NA ett	me Reet address				3.2 NA		AODRESS		
ì	Y-ST-ZIP				3.3 S1		J		
TIT				DELETE	4.1 TIT		21* III	Change Addition	
NAI	_				4. 2 NA				
	REET ADDRESS				- 6		ADDRESS		
	Y-ST-ZIP				4.4 011	[Y-S	11-21P		
TIT	LE			DELETE	5.1 TIT	ίĒ		Change Addition	
NA	ME				5.2 NA	ME			
STE	reet address				5351	REET	ADDRESS		
CiT	Y-ST-ZIP				5.4 0(1	Y-\$	T-ZIP		
TIT	LE			DELETE	6 1 TiT	LE		Change Addition	
NA	1				6.2 NA				
	reet adoress						ADDRESS		
CIT	Y-ST-ZIP				6.4 CI1	Y - S	T-ZIP		

14. 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 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 condition or the receiver or trusteer information that is an another of director of the condition or the receiver or trusteer information that is an address.