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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016118 (7)

VIDEO UNIVERSE, INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1997 8:00am Secretary of State



| SARASOTA FL 34236 SARASOTA FL 34236-4838 | | | | , 1412 | | | |
|---|---|---|----------------------|---|---|------------------------------------|---|
| * 1 | | | | | 3. Date Incorporated or Qualified 02/19/1996 | 3a. Date of Las | st Report |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 2230 | GULF GATE DRIVE | 26 2230 GULF GATE DRIVE | | | 65-0644533 | | Not Applicable |
| Suite, Apt. | te, Apt. #, etc. Suite, Apt. #, etc. | | | | | r¬ \$8.7 | 5 Additional |
| 22 | | 27 | 27 | | 5. Certificate of Status Desired Fee Required | | |
| City & Stat | | City & State | | | 6. Election Campaign Financing | \$5.0 | 00 May Be |
| 23 SARASOTA, FL 2 | | 28 SAMSOTI | 8 SANASOTA, PL | | Trust Fund Contribution | | led to Fees |
| Zip | Country | Žip | Cour | | 8. This corporation has liability for it | r intangible tax under s. 199.032, | |
| 24 34 | 1231 25 USA | 29 34231 | 30 L | 18A | Florida Statutes S Yes No | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Reg | sistered Agent | |
| GUT | HMANN, EDWARD I | | 1 | 81 Name | | | |
| AND DOLLENADO OF THE ADTO NO 1440 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| SARASOTA FL 34236 | | |] | Street Address (P.O. Box Northber is Not Acceptable) | | | |
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| | | | 1 | B4 City | | FI 85 7 | Zip Code |
| 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 | | | | | | | |
| office or r | registered agent, or both, in the State | of Florida, Such change was | s authorized | by the corpora | tion's board of directors. I hereby accep | t the appointment | as registered |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AND | ************************************** | 13. | | ADDITIONS/CHANGES TO OFFICE | | ORS IN 12 |
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