Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90094 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020301

1. Corporation Name

A VIDEO NOVELS PRODUCTION, INC.

A VIDEO	·	.				
Principal Place of Business Mailing Address					•	1 (88)(89) III - 18118 Stiff Bâllt Aaltt Aant abnie trate abste tutte and tea
3210 N 72ND TERRACE 3210 N 72ND TERRACE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024						DO NOT WRITE IN THIS SPACE
J						3. Date Incorporated or Qualifed 03/01/1996
2. Principal Place of Business			a. Mailing Address			4. FEI Number Applied For
<u></u>						65-0648283 Not Applicable
Suite, Apt. #, etc.		27.	Suite, Apt. #, etc.			5. Certifcate of Status Desired Fee Required
City & State		28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country 8. This corporation owes the current year Intangible			
24	25	29	30	30		Personal Property Tax.
	9. Name and Address of Current	11				10. Name and Address of New Registered Agent
				81	Name	
DONES, DAVID				82 Street Addre		dress (P.O. Box Number is Not Acceptable)
3210 N 72ND TERRACE			oz Street Ad		Sileet Aut	aleas (1.0. box (variable to trock/toophable)
HOLLYWOOD FL 33024				83		
				84	City	85 Zip Code
_	·					FL V
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	it Hinn	ida. Such change was authorizi	30 DV	tne corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE						red when reinstating) DATE
-	Signature, typed or printed name of registered agent				nt signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AND	FICERS AND DIRECTORS 13.		TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
	DONES, DAVID			NAME		
NAME	3210 N 72ND TERRACE				T ADDRESS	·
STREET ADDRESS						
CITY-ST-ZIP TITLE	D	JD FL 33024 14.0 □ DELETE 2.17		CITY-S	71-ZIF	☐ Change ☐ Addition
	DONES, RUTH V			NAME		_ , _
NAME				TADDRESS	المتهجيد المتاهمين الأراب والمهجا والمتاهد والمتاهدين	
STREET ADDRESS			2.4 CITY-ST-ZIP			
TITLE			3.1 TITLE		☐ Change ☐ Addition	
1			3.2 N			
NAME				3.3 STREET ADDRESS		
STREET ADDRESS	• ,•		H ***	CITY-S		
CITY-ST-ZIP	<u> </u>			TITLE	31-ZIP	☐ Change ☐ Addition
			_	NAME		
NAME				TADORESS		
STREET ADDRESS						
CITY+ST-ZIP				CITY-S	11-4P	Change Addition

CITY-ST-ZIP 14. I 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 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 or on an attachment within an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CTTY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

Ð,

7.95 T

J. 1823 1777 1 12

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DONES

DELETE

Change

☐ Addition