

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

FILED

97 JUL 23 PH 2: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000036234 (8)

1. Corporation Name  
TREASURE VIDEO PRODUCTIONS, INC.

Principal Place of Business  
5 SEAGATE BOULEVARD  
KEY LARGO FL 33037

Mailing Address  
5 SEAGATE BOULEVARD  
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1996  
3a. Date of Last Report

|  |  |                             |
|--|--|-----------------------------|
| 2. Principal Place of Business<br>21 2 SEAGATE BOULEVARD<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 KEY LARGO FL.<br>Zip<br>24 33037 | 2a. Mailing Address<br>26 PO BOX 97<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 KEY LARGO FL<br>Zip<br>29 33037 | Country<br>25 USA<br>30 USA |
|--|--|-----------------------------|

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>65-0671448  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 8. This corporation does or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

WARD, JAMES J  
5 SEAGATE BOULEVARD  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

|                           |  |    |                      |                         |
|---------------------------|--|----|----------------------|-------------------------|
| 81 Name<br>WARD, JAMES J. | 82 Street Address (P.O. Box Number is Not Acceptable)<br>15 N CHANNEL DR | 83 | 84 City<br>KEY LARGO | 85 Zip Code<br>FL 33037 |
|---------------------------|--|----|----------------------|-------------------------|

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 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 DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
|---|--|--|--|
| TITLE<br>D<br>NAME<br>WARD, JAMES J<br>STREET ADDRESS<br>5 SEAGATE BOULEVARD<br>CITY-ST-ZIP<br>KEY LARGO FL 33037 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>PRESIDENT / D<br>1.2 NAME<br>WARD JAMES J<br>1.3 STREET ADDRESS<br>15 N CHANNEL DR<br>1.4 CITY-ST-ZIP<br>KEY LARGO FL 33037       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>WARD, JOYCE A<br>STREET ADDRESS<br>5 SEAGATE BOULEVARD<br>CITY-ST-ZIP<br>KEY LARGO FL 33037 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>VICE PRESIDENT / D<br>2.2 NAME<br>WARD, JOYCE A<br>2.3 STREET ADDRESS<br>15 N CHANNEL DR<br>2.4 CITY-ST-ZIP<br>KEY LARGO FL 33037 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 3.1 TITLE<br><br>3.2 NAME<br><br>3.3 STREET ADDRESS<br>200002250522--4<br>-07/29/97-01058--021<br>****165.00 ****165.00<br>3.4 CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 4.1 TITLE<br><br>4.2 NAME<br><br>4.3 STREET ADDRESS<br><br>4.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 5.1 TITLE<br><br>5.2 NAME<br><br>5.3 STREET ADDRESS<br><br>5.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 6.1 TITLE<br><br>6.2 NAME<br><br>6.3 STREET ADDRESS<br><br>6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 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 with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED (Signature) 7/14/97 305 384 0057

CR2E034 (4/97)

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JAMES J. WARD

PO BOX 97

KEY LARGO FL 33037

(305) 394 0057

THIS YEAR WAS THE FIRST YEAR OF THIS FLORIDA CORPORATION. THE ADDRESS WAS INCORRECT AND I DID NOT RECEIVE THE INITIAL NOTICE NOR DID I KNOW OF THE EXISTANCE OF THIS FILING.

THE LAWYER I HIRED TO INCORPORATE NEVER MENTIONED THIS AND EVEN HAD DIRECTOR NAMES INCORRECT. HE MADE CHANGES OF THE NAMES BUT NOTHING ELSE. HE ALSO NEVER MENTIONED THAT THE MAILING ADDRESS COULD HAVE BEEN OUR PO BOX NUMBER, WHICH WOULD HAVE INSURED DELIVERY OF MAIL.

THIS SECOND NOTICE WAS BROUGHT TO ME BY AN EMPLOYEE OF ANOTHER BUSINESS AND I BELIEVE THE OWNER MAY HAVE DISCARDED THE FIRST NOTICE.

AFTER CALLING YOUR OFFICE, JACKIE INFORMED ME TO PLACE THIS INFO IN WRITTING AND SEND IN THE FIRST NOTICE AMOUNT.

ENCLOSED IS A CHECK FOR \$61.25 (ANNUAL REPORT FEE) AND \$103.75 (CORPORATION SUPPLEMENTAL FEE), TOTAL \$165.00