

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000047875 (5)

1. Corporation Name

"THUMBS UP" VIDEO, INC.

Principal Place of Business

~~1804 CHESAPEAKE AVE~~  
~~NAPLES FL 33962~~

Mailing Address

~~1384 CHESAPEAKE AVE~~  
~~NAPLES FL 341020510~~

2. Principal Place of Business

21 382 9th St South

Suite, Apt. #, etc.

22 City & State

23 Naples

24 Zip 34102

Country

25 USA

2a. Mailing Address

26 382 9th St South

Suite, Apt. #, etc.

27 City & State

28 Naples

29 Zip 34102

Country

30 USA

3. Name and Address of Current Registered Agent

~~KLONOWSKI, MARK~~  
~~1384 CHESAPEAKE AVE~~  
~~NAPLES FL 33962~~

3. Date incorporated or Qualified

05/31/1996

3a. Date of Last Report

N/A

4. FEI Number

65 067 0914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Tom Sponbers

82 Street Address (P.O. Box Number is Not Acceptable)

4489 Rosa Ct 7704 Citrus Hill CA

83

84 City

Naples

FL

85 Zip Code

34109

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

Thomas Sponbers

Thomas Sponbers

11/28/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KLONOWSKI, MARK	
STREET ADDRESS	1384 CHESAPEAKE AVE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	DELETE
NAME	LANE, BRIAN	
STREET ADDRESS	474 N LAKE SHORE DR	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	DELETE
NAME	SPONBERG, THOMAS	
STREET ADDRESS	4489 ROSA CT 7704 Citrus Hill CA	
CITY-ST-ZIP	NAPLES FL 33942 Naples, FL 34109	
TITLE	D	DELETE
NAME	GOULDING, JOSEPH	
STREET ADDRESS	3637 ARTIC CIR	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002561314--B
1.4 CITY-ST-ZIP	-06/16/98--01094--008
2.1 TITLE	****300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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.

Thomas Sponbers

APPROVED  
AND  
FILED

98 JUN -9 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

CR2E034 (9/96)