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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067496 (5)

Principal Place of Business	Mailing Address	ļ
850 N.E. 13TH STREET FORT LAUDERDALE FL 33304	850 N.E. 13TH STREET FORT LAUDERDALE FL 33304-2038	

FILED Apr 21 1997 8:00am Secretary of State

VIDEOLOG X, INC. Principal Place of Business 850 N.E. 13TH STREET FORT LAUDERDALE FL 33304	Mailing Address 850 N.E. 13TH STREET FORT LAUDERDALE FL :	33304-2036					
				3. Date incorporated or Qualifi 08/12/1996	ed 3a. D	ate of Last F	Report
2. Principal Place of Business	2a. Mailing Address		 	4. FEI Number		ΧIA	pplied For
21	26					-	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		7	Additional
22	27						equired
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	g 🗆 .		May Be to Fees
Zip Country	28	Country	/	8. This corporation has liability			
24 25	29	30		Florida Statutes	Yes		3, 100,002,
9. Name and Address of	Current Registered Agent		····	10. Name and Address of New	Registered	Agent	
KENT, NORMAN ELLIOTT ES	Q.	81	Name				
800 E. BROWARD BLVD.		62	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		··
SUITE 310		83				······································	
FORT LAUDERDALE FL 3330	1	163					
		84	City		FL	85 Zip	Code
11 Pursuant to the provisions of Sections	607 0502 and 607 1508. Florida Stati	utes the above	e-named corn	oration submits this statement for t			its registered
office or registered agent, or both, in the	he State of Ftorida. Such change was	authorized by	y the corporati	ion's board of directors. I hereby a	ccept the app	pointment as	s registered
Pursuant to the provisions of Sections to office or registered agent, or both, in the agent I am familiar with, and accept the SIGNATURE Structure, typed or printed name of reg.		OTE: Registered Age		ed when reinstating)	DATE		
SIGNATURE. Signature: typed or printed name of reg. 12. OFFICE	psterod agent and title if applicable (NO ERS AND DIRECTORS	OTE: Registered Age			DATE	D DIRECTOR	RS IN 12
SIGNATURE Synators typed as product name of reg. 12. OFFICE THE PSTD	ustered agent and little if applicable (NC	13,		ed when reinstating)	DATE		RS IN 12
SIGNATURE Streamer typed or protect name of reg. 12. OFFICE PSTD POSSIEN, MARK	psered agent and little if applicable (NC ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ent signature require	ed when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE. Signature: typed or printed name of reg. 12. OFFICE 1/1LE PSTD POSSIEN, MARK STREELADDRESS 850 N.E. 13TH STREET	psecred agent and little if applicable (NC ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature require	ed when reinstating)	DATE	D DIRECTOR	RS IN 12
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amon 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: