

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

FILED
Jun 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068271 (1)

1. Corporation Name
VIDEOCIZE, INC.



Principal Place of Business 8811 HAWTHORNE AVENUE SURFIDE FL 33154	Mailing Address 8811 HAWTHORNE AVENUE SURFIDE FL 33154-3329
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2. Principal Place of Business 21 577 W. 50th ST. Suite, Apt. #, etc. 22 City & State 23 Miami Beach, FL Zip 24 33140 Country 25		2a. Mailing Address 26 577 W. 50th ST. Suite, Apt. #, etc. 27 City & State 28 Miami Beach, FL Zip 29 33140 Country 30		3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
4. FEI Number 65-0706280		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARK JAMES ESO 201 SOUTH DISCAYNE BLVD. MIAMI CENTER - SUITE 340 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name ANDREW BLOCK 82 Street Address (P.O. Box Num. is Not Applicable) 8811 HAWTHORNE AVE 83 84 City SURFIDE FL 85 Zip Code 33154	
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11. Pursuant to the provisions of Sections 607.0512 and 607.0508, 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  PRESIDENT 3/7/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew BLOCK	1.2 NAME	
STREET ADDRESS	8811 Hawthorne Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Surfside, FL 33154	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	C.E.O. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY R KEELER	3.2 NAME	
STREET ADDRESS	577 W. 50th ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33140	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  3/7/97 828-6244

CR2E034 (9/96)