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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098100 (6)

HOME STUDIO & VIDEO, INC.

Principal Place of Business

Mailing Address

FILED May 04 1998 8:00am Secretary of State



5548 NORTH I FORT LAUDER	PARK ROAD RDALE FL 33312	5548 NORTH PARK ROAD FORT LAUDERDALE FL 3331			DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualified 12/02/1996			
2. Principal Place of Business 2a. Mailing Address				$\overline{\gamma}$	4. FEI Number	A	pplied For	
			eridan?	<u> </u>	65-0713991		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	Fee Re	Additional equired	
City & State City & State			171		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country Zip Cou			Country_		Trust Fund Contribution 8. This corporation owes or has paid the			
24 33030 25 USA 28 33030 30 US				-	Personal Property Tax due June 30. Yes W No			
GMACH, ORIT 81 Name								
PER A MARTIN DADIO								
FORT LAUDERDALE FL 33312			BZ SIFEET	82 Street Address (P.O. Box Number is Not Acceptable)				
. •			83					
			84 City			85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607. 1508, Florida Statules, 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 tilled applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	Ţ		☐ Change	Addition	
NAME	GMACH, ORIT		1.2 NAME					
STREET ADDRESS	5548 NORTH PARK ROAD		1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		1.4 CITY - ST - ZIP	<u> </u>			1.499	
TITLE	VP	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	GMACH, DAVID		2.2 NAME					
STREET ADDRESS	5548 NORTH PARK ROAD		2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	Discourse and the same	2.4 CITY - ST-ZIP	 		Change	Addition	
TITLE		☐ DELETE	3.1 THLE				Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3 4. CiTY - S1 - ZIP	 		Change	Addition	
TITLE		☐ DETEIE	4.1 TOTLE			Change	Roomon .	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 THLE	┼		Change	Addition	
TITLE					-1	onlinge	1100	
NAME			5.2 NAME		165 N			
STREET ADDRESS			5.3 STREET ADDRESS		700 (1			
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP 6.1 TITLE	+	والمناع	- Change	Addition	
		en vicen	6.2 NAME	1	0000025115 -05/05/9801116	200 0		
NAME CTOSET ADDRESS			6.3 STREET ADDRESS		-U3/U3/38U111b	ひじろ		
STREET ADDRESS			6.4 CITY-ST-ZIP	-	***150.00			
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for t	ne exemption sta	ted in S	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	e 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.								