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 #
1. Corporation Name P97000009435 (3)

VIDEO NONSENSE MINISTRIES. INC.

FILED Mar 25 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			DENIO IDNA OLDON NAEN TAN 1884
3100 HERMOSA WAY 3100 HERMOSA WAY				
APT. 206				
PALM BEACH GARDENS FL 33410	ALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		01/27/1997 4. FEI Number	Applied For
21 140 Egret Drive	26 140 EAR	rt Drive	65 073 6568	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	or viiic		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	FL	6. Election Campaign Financing	\$5.00 May Be
23 Jupiter, Th	28 UUPITE/	70	Trust Fund Contribution	Added to Fees
Zip z 3 U ST2 Country	Zip 2 2(1)70	30 Palm Bch	B. This corporation owes or has paid the	
24 63450 25 Palm But		30 12/M DCM	Personal Property Tax due June 30.	Yes 73 No
g. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New Register	red Agent
LUSZ, JOEL M JUN Con I Do I To				
3100 HERMOSA WAY 140 Eqret Dr. 82 Street Address (P.O. Box Number is Not Acceptable)				
APT 208 APT 208 APT 208 B3				
PALM BEACH GARDENS FL 33410	234	Ω "		
		84 City		85 Zip Code
44 Pursuant telepa provisions of Comtons 607.06	02 and C07 1609 Florida Statuta	a the chara named carry		e of changing its registered
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 agreed				
agent. I am familiar with, and accept the oblig	gations of, Section 607,0505, Flor	rida Statute	(- lu lon
SIGNATURE Sylmature, typed or priviled name of reprived as	Joel M. LU52 gent and title if applicable. (NOTE)	Registered Agent signature require	1) Today (Maria Maria) DAT	<u> </u>
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	☐ DELE TE	1.1 TITLE	Joel LUSZ -President	
NAME		1.2 NAME	140 Eggst Dr.)
STREET ADDRESS		1.3 STREET ADDRESS		n
CITY-ST-ZIP		1.4 CITY - ST - ZIP	Jupiter, HL 3345,	3
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	•	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	Therete:	3.4. CITY - ST - ZIP		Dhann Harri
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME OTREST ADDRESS		4. 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE	□ pereit			C cuarge C Audition
NAME OTOTE ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME	Cal Access	6.2 NAME		The second of th
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-SY-ZIP		
	with this filling does not qualify for		Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information
14. Thereby 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 supplicational arrival approve its tay and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office of the corresponding of the corr				
officer or director of the corporation or the receiver or trustle employeed 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				