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 # P97000073932 (0)

UNIVERSAL VIDEOS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



4313 LONGSHORE DR LAND O'LAKES FL 34639		4313 LONGSHORE DR LAND O'LAKES FL 34639			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 08/26/1997
2. Principal Place of Business 21 6 20 Law O'Lakes Blue 26				4. FEI Number 66340 Applied For Not Applicable	
Suite, Apt #, etc. Suite, Apt #, etc. 27					5. Certificate of Status Desired See Required Fee Required
23 LUTZ, FL 28 City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
2433549 25 USA 29 Zip 25 USA 29			Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent OppMar Culpiotopics 1 8				Name	10. Name and Address of New Registered Agent
GORMAN, CHRISTOPHER L 4313 LONGSHORE DR					Address (P.O. Box Number is Not Acceptable)
LAND O'LAKES FL 34639			83		
			84	City	FL 85 Zip Code
St. Discuss to the provisions of Sections 507 0509 and 507 1509 Elegide Statutes, the above named corporation submits this statement for the number 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 title if applicable (NOTE: Registered Agent signature required when reinstating).					
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	GORMAN, CHRISTOPHER L.		1.2 NAME		Orman, Kimberly M. Change MAddition 4313, Longshore Dr./ Land O'Eakes, FL 34639
STREET ADDRESS	4313 LONGSHORE DR		E	T ADDRESS	4313 Longshole 01.7
CITY-ST-ZIP TITLE	LAND O'LAKES FL 34639	☐ DELETE	1.4 CITY-1 2.1 TIYLE	SI-ZIP	Change Addition
NAME		OCCULE	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	DDAESS		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	P		3.4. CITY-	ST-ZIP	
TITLE	☐ DELETE		4.1 TITLE	ļ	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-5	ST - ZIP	Change Addition
TITLE	L DELETE		5.1 TITLE	ļ	E Change Muditori
NAME			5.2 NAME	T ADDRESS	
STREET ADDRESS			5.3 STREE 5.4 CITY - 1		
CITY-ST-ZIP TITLE	ZIP DELETE		6.1 TITLE	01-EII	☐ Change ☐ Addition
NAME		-	6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			6.4 CITY-		
44 Lharabu a	ertify that the information supplied with	this filing does not qualify for	or the exemp	otion state	d 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 trustoe 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.					