## 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 # P97000081622 (7)

MICHAEL FREEDLAND VIDEO, INC.

Principal Place of Business Mailing Address

3475 SHERIDAN STREET 3475 SHERIDAN STREET STE 215-A
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

FILED
Mar 19 1998 8:00am
Secretary of State



STE 215-A HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 09/19/1997 Applied For 2a. Mailing Address 2319 Suite, Apt. #, etc. Not Applicable \$8,75 Additional Fee Required City & State
MIAM 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent FREEDLAND, MICHAEL reedland, 3475 SHERIDAN STREET 82 STE 215-A вз HOLLYWOOD FL 33021 Zip Code IWd 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 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 (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change 11 TITLE TITLE FREEDLAND, MICHAEL 1.2 NAME NAME CR2ES4 3475 SHERIDAN STREET STE 215-A 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition ITLE □ Change AME NAME FREET ADDRESS STREET ADDRESS CITY-ST-ZIP emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver of trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address.

d that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

3/16/98 954 981 0553