$150

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED

99 JUL 28 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097484

1. Corporation Name
FILM RECORDING AND VIDEO INTERNATIONAL, INC

Principal Place of Business	Mailing Address
6157 NW 167 ST STE F-4 MIAMI LAKES, FL 33015	6157 NW 167 ST STE F-4 MIAMI LAKES, FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6157 NW 167 ST	2a. Mailing Address 26 6157 NW 167 ST
Suite, Apt. #, etc 22 STE F-4	Suite, Apt. #, etc 27 STE F-4
City & State 23 MIAMI LAKES, FL	City & State 28 MIAMI LAKES, FL
Zip / Country 24 33015 25 USA	Zip / Country 29 33015 30 USA

3. Date Incorporated or Qualified: 11-14-97

4. FEI Number: 650802845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEVE CUIFFO 6157 NW 167 ST BLD F4 MIAMI FLA 33015	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 400002939004---0 -07/22/99--01080--010 84 City ****150.00 FL ****150.00

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent's signature required for filing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	STEVE CUIPPO		12 NAME		
STREET ADDRESS	6157 NW 167 ST STE F-4		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		14 CITY ST ZIP		
TITLE	SECRETARY	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	STEVE CUIFFO		22 NAME		
STREET ADDRESS	6157 NW 167 ST STE F-4		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		24 CITY ST ZIP		
TITLE	TREASURER	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	STEVE CUIPPO		32 NAME		
STREET ADDRESS	6157 NW 167 ST STE F-4		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		34 CITY ST ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

CR2E034 (5/98)

14. I 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 added by attachment or otherwise in this address.

SIGNATURE: _____ Prosoct
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date