

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

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 JUL 15 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100257 (9)
1. Corporation Name
MUDRICK-WITT LEGAL VIDEO SERVICES, INC.

Principal Place of Business Mailing Address
319 Clematis Street (same)
Fifth Floor
West Palm Beach, FL 33401

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/24/97		3a. Date of Last Report	
21		26		4. FEI Number 65-0813664		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid personal tax due <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No June 30			
23		28		Property Tax due <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No June 30			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TEETS, F. DAVID JR. 319 Clematis Street Fifth Floor West Palm Beach, FL 33401				81	Name		
				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 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 signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Conzor, Judy			1.2 NAME	Conzor, Judy		
STREET ADDRESS	319 Clematis Street, Fifth Floor			1.3 STREET ADDRESS	400002589344		
CITY-ST-ZIP	West Palm Beach, FL 33401			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Beylus, Leon			2.2 NAME	Beylus, Leon		
STREET ADDRESS	319 Clematis Street, Fifth Floor			2.3 STREET ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33401			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Witt, Stewart			3.2 NAME	Witt, Stewart		
STREET ADDRESS	319 Clematis Street, Fifth Floor			3.3 STREET ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33401			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Levy, Arnold			4.2 NAME	Levy, Arnold		
STREET ADDRESS	319 Clematis Street, Fifth Floor			4.3 STREET ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33401			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Glenn, Thomas R.		
STREET ADDRESS				5.3 STREET ADDRESS	319 Clematis Street, Fifth Floor		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 on an attachment with an address.

SIGNATURE:  ARNOLD LEVY 7/14/98

CP2E034 (9/96)

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 891807 4303929

AUTHORIZATION : *Patricia Pujut*

COST LIMIT : \$ 558.75

ORDER DATE : July 15, 1998

ORDER TIME : 11:53 AM

ORDER NO. : 891807-005

CUSTOMER NO: 4303929

CUSTOMER: Patrick P. Johnson, Legal Asst
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

ANNUAL REPORT FILING

NAME: MUDRICK-WITT LEGAL VIDEO
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

98 JUL 15 PM 1:06
DIVISION OF CORPORATION