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 # P97000106675 (6)

| IAIEBU | STER VIDEO, INC. | | | | | |
|---|--|---------------------------|---------------------|---------------------|-----------------------|--|
| Principal Place of Business Mailing Address | | | | | | |
| | | | NNEDY BLVD. #1 | 700 | | |
| TAMPA FL 33602 TAMPA FL 336 | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified 12/15/1997 |
| 2. Principal Pla | oe of Business | 28. Mailing Ad | ldress | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59-3485555 Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt | Suite, Apt. #, etc. | | | 6. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| City & State | | ├ ── ` | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Z _{(p} | ├ ─¬ | Country | | This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes No |
| | Name and Address of Cu | nent negisteren Ager | | 81 | Name | 10. Name and Address of New Registered Agent |
| | E, MARK T | | |]" | Name | |
| | EAST KENNEDY BLVD. #17 | 700 | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) |
| TAM | IPA FL 33602 | | | | | |
| | | | | B3 | } | |
| | | | | 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 _ | | | | | | į |
| S | Constore typed is professional of registered | | (NOTE: Regis | ered Age | ont signature re | equired when reinstating) DATE |
| 12. | OFFICERS | AND DIRECTORS | | 3. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PISITID TI | _ | | .1 TITLE | | L_ Change L_ Addition |
| NAME | Mark T. Tate pl. | | 1. | 1.2 NAME | | |
| STREET ADDRESS SOLE. Kennedy | | Blud | 135 | | address [| |
| CITY-ST-ZIP | 73mpa, FL 33606 | | | 1.4 CITY - ST - ZIP | | |
| TITLE | DELETE 2.1 | | A TITLE | | ☐ Change ☐ Addition ☐ | |
| NAME | | | 2 NAME | } | | |
| STREET ADDRESS | REET ADDRESS | | 2.3 STRE | | ADDRESS | |
| CITY-ST-ZIP | | | 2. | 4 CITY-S | ST-ZIP | |
| TITLE | | | DELETE 3. | 1 TOLE | | Change Addition |
| NAME | | | 3. | 2 NAME | - (| |
| STREET ADDRESS | | | 3. | 3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 3. | 4. GITY - S | 37 - ZIP | |
| TITLE | | | DELETE 4 | 1 TITLE | | Change Addition |
| NAME | | | 4. | 2 NAME | | |
| STREET ADDRESS | | | 4 | 3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | | 4 CITY - S | i | |
| TITLE | | | | 1 TITLE | | Change Addition |
| NAME | | | 5. | 2 NAME | | |
| STREET ADDRESS | | | E. | | ADDRESS | |
| CITY-ST-ZIP | | | | 4 CITY-S | | ĺ |
| TITLE | | | 20.2 | 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | 2 NAME | - 1 | State of the state |
| STREET ADDRESS | | | | | ADDRESS | |
| I | | | | | j | |
| 14. i hereby ce | rtify that the information supplie | d with this filing does n | | 4 CITY - S | | in Section 119.07(3)(i). Florida Statutes, Lituriber certify that the information |

Indicated on this annual report or supplied with this filing does not quality 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 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.

[Mark 7: Take]

[Name 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report of 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.

[Name 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the information in the information in the information in the information in the info

SIGNATURE:

FILED

May 18 1998 8:00am

Secretary of State