

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90165 006 ***150.00

DOCUMENT # P98000001316

1. Corporation Name
CIRCUS VIDEO, INC.

Principal Place of Business
13171 SPRING HILL DR
SPRING HILL FL 34609
US

Mailing Address
3289 ABELINE RD
SPRING HILL FL 34608-4006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 13171 Spring Hill Dr
Suite, Apt. #, etc.

22 Spring Hill
City & State

23 Spring Hill FL
Zip Country

24 34609 25 U.S.

2a. Mailing Address

26 287 Waterfall Dr
Suite, Apt. #, etc.

27 P.O.
City & State

28 Spring Hill FL
Zip Country

29 34608 30 U.S.

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

59-3485911

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 the current year intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

LYONS, DIANE
13171 SPRING HILL DR
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name JOHN P Monticciolo
82 Street Address (P.O. Box Number is Not Acceptable)
287 Waterfall Dr
83 Spring Hill
84 City Spring Hill FL 85 Zip Code 34608

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 John P Monticciolo John P Monticciolo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LYONS, DIANE
STREET ADDRESS 13171 SPRING HILL DR
CITY-ST-ZIP SPRING HILL FL 34609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JOHN P MONTICCILO
1.3 STREET ADDRESS 287 Waterfall Dr
1.4 CITY-ST-ZIP Spring Hill FL 34608

2.1 TITLE VP
2.2 NAME JAMES A LEGGIO
2.3 STREET ADDRESS 11671 LINDEN DR
2.4 CITY-ST-ZIP Spring Hill FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99

(352) 686-5533

CR2E034 (11/98)