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
99 MAY 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014056

1. Corporation Name GREG'S FOUR STAR VIDEO, INC.

Principal Place of Business
461 GREYNOLDS CIRCLE
LANTANA, FL 33462

Mailing Address
C/O ELLIOT ROTH CPA
2301 W. SAMPLE ROAD B3 S-2A
POMPANO BEACH, FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3/12/98
4. FEI Number 65-0831526 [ ] 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 owns the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent
81 Name GREGORY HOPKINS
82 Street Address (P.O. Box Number is Not Acceptable)
83 6911 HIGHRIDGE ROAD
84 City LANTANA FL 85 Zip Code 33462

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] 5/6/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	[ ] DELETE	1 TITLE	[ ] Change [ ] Add
NAME	GREGORY HOPKINS		1 NAME	
STREET ADDRESS	6911 HIGH RIDGE ROAD		1 STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462		1 CITY-ST-ZIP	
TITLE		[ ] DELETE	2 TITLE	[ ] Change [ ] Add
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 TITLE	[ ] Change [ ] Add
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Add
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Add
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Add
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

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****150.00 ****150.00

VSP 5/11/99

CR2E034 (11/98)

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 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] 5/6/99 561-588-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR