SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE\_TO REINSTATE: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 98 MAR 24 AM 9: 16 DOCUMENT # 1. Corporation Name S08909 (1)SECRETARY OF STATE ALLAHASSEE, FLORIDA ECONOMY VIDEO, INC. Principal Place of Business Mailing Address 12090 CARRIAGE LANE 12090 CARRIAGE LANE W. PALM BCH. FL 33414 W. PALM BCH. FL 33414 SPACE Date of Last Rep 10/26/1990 4. FEI Number 04/02/1996 2. Principal Place of Busine 2a. Mailing Address Applied For 1441 65-0245534 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 П 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SMILOVIC, EZRA 12090 CARRIAGE LANE 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33414** 83 84 City 85 Zip Code med exporation submitted his statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sec office or registered agent, or both colors 607.0502 and 607.1508, Florida Statutes, the above-nith, in the state of Florida. Such change was authorized by couplet in offigations of Section 607.0505, Florida States. SIGNATURE registered agent and tide if applicable n reinstating) DATE legistereo Agent sig 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change **SMILOVIC, EZRA** NAME 1.2 NAME 400002469764---03/26/98--01089--031 12090 CARRIAGE LANE STREET ADORESS 1.3 STREET ADDRESS W. PALM BCH. FL 33414 CITY-ST-ZIP 1.4 CITY - ST - ZIP \*\*\*\*150.00 ELAN SMIlour TITLE DELETE 2.1 TITLE 1441 PELHAM RD. WPB, CL 33414 NAME 2.2 NAME 400002469764-STREET ADDRESS 2.3 STREET ADDRESS -03/26/98--01089--032 CITY-ST-ZIP 2.4 CITY-ST-ZIP \*\*\*\*<del>750.00</del> DELETE TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST THE 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETÉ TITLE 6.1 TITLE ☐ Change ☐ 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 afactment with an address.