


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90323 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S17664**

1. Corporation Name
SLIGER VIDEO PRODUCTIONS, INC.



Principal Place of Business 1426 WESTON WOODS BLVD. ORLANDO FL 32818 US	Mailing Address PO BOX 681993 ORLANDO FL 32868 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6671 SYLVAN Woods Dr		2a. Mailing Address 26 PO Box 950633		3. Date Incorporated or Qualified 12/11/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3045195	
City & State 23 SANFORD, FL		City & State 28 LAKE MARY, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32771		Zip 29 32795-0633		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 US		Country 30 US		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SLIGER, STEPHEN B
1426 WESTON WOODS BLVD.
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name STEPHEN B. SLIGER
82 Street Address (P.O. Box Number is Not Acceptable) 6671 SYLVAN Woods Dr
83
84 City SANFORD
85 Zip Code FL 32771

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.

STEPHEN B. SLIGER, DIRECTOR

DATE

4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SLIGER, STEPHEN B.		1.2 NAME	
STREET ADDRESS 1426 WESTON WOODS BLVD.		1.3 STREET ADDRESS 6671 SYLVAN Woods Dr	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP SANFORD FL 32771	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN B. SLIGER 04/15/99 (904) 761-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #