FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28876** **(8)**

1. Corporation Name
M & M VIDEO 3, INC.

Principal Place of Business
6299 W SUNRISE BLVD
SUNRISE FL 33313

Mailing Address
3475 SHERIDAN ST
215-A
HOLLYWOOD FL 33021
US

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

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

3. Date Incorporated or Qualified: **02/01/1991**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **65-0240896** 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 has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FREEDLAND, MICHAEL
2319 N SR 7
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.0505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEDLAND, MICHAEL
STREET ADDRESS	2319 N SR 7
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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CITY, ST, ZIP	
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
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3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is correct. I furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 added by amendment with an address.

SIGNATURE: M. Freedland Michael Freedland 1/22/96 954-981-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)