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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90070 047 ***158.75



DOCUMENT # S31894	
LININGEDOTTY DOONE & VIDEOC INC	

CORAL GABLES FL 33146 2. Principal Place of Business 2. A principal Place of Business 2. A principal Place of Business 2. A principal Place of Business 3. Date Incorporated or Qualifed O2/13/1991 Applied For 65-0243496 Suite, Apt. #, etc. Tory a State City a State 2. City a State 2. December 2. December 3. Trust Fund Contribution of Bable Pees 2. December 3. Trust Fund Contribution of Bable Pees 3. December 3. Trust Fund Contribution of Bable Pees 3. December 3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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, 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 office or registered agent, or both, in the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Signature, Typed or printed reuse of registered agent, or both, in the State of Floridas. Statutes, the above-named corporation submits this statement for the p	Principal Place	•	Mailing Address					
2. Principal Place of Business 2. Mailling Address 4. Felt Number 65-0243/496			250 BIRD ROAD. SUITE 302 CORAL GABLES FL 33146					
2. Principal Place of Business							S SPACE	
Suite, Apt. #, etc.]	•				·		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Security Security Security State City &	2. Principal P	lace of Business	2a. Mailing Address	-	, , , , , , , , , , , , , , , , , , ,	4. FEI Number	App	lied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, apt. #, etc.	21		26		_	65-0243496		
City & State	Suite, Apt.	#, etc.	— · · · ·			5. Certificate of Status Desired		
Zip Country Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax.	City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country 2 3 30	23		28			Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent LOPEZ, JOSEPH F 250 BIRD ROAD, SUITE 302 CORAL GABLES FL 33146 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		Country	Zip	Country	•	8. This corporation owes the current year I		
10. Name and Address of New Registered Agent LOPEZ, JOSEPH F 250 BIRD ROAD, SUITE 302 CORAL GABLES FL 33146 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P WIENER, STEVEN 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE Addition Addition Addition Change Addition	24	25	293	0				No
LOPEZ, JOSEPH F 250 BIRD ROAD, SUITE 302 CORAL GABLES FL 33146 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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 agent, 1 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 sppticable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P NAME WIENER, STEVEN 11980 SW 8TH ST 1.2 STREET ADDRESS CITY- ST-ZIP MIAMI FL DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE Change Addition		9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
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. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P WIENER, STEVEN 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS MIAMI FL Change Addition Addition DELETE 2.1 TITLE DELETE 2.1 TITLE AMME Addition	250 BIRD ROAD, SUITE 302			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby 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. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS II TITLE P OFFICERS AND DIRECTORS IN 12 TITLE P II TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 1.4 CITY-ST-ZIP TITLE NAME DELETE 2.1 TITLE NAME 2.2 NAME				84	City	F	85 Zip C	ode
Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P WIENER, STEVEN 12. NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 14. CITY-ST-ZIP TITLE NAME DELETE 2.1 TITLE NAME 2.2 NAME	11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statm familiar with, and accept the oblig	502 and 607.1508, Florida Statutes e of Florida. Such change was autl gations of, Section 607.0505, Florid	, the abov horized by la Statutes	e-named of the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its ointment as reg	registered jistered
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TITLE	12						AND DIRECTO	RS IN 12
NAME WIENER, STEVEN 1.2 NAME STREET ADDRESS 11980 SW 8TH ST 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE NAME 22 NAME				1.1 TITLE			Change	Addition
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NAME 2.2 NAME		Inches I F	DELETE		-		Change	☐ Addition
TOWN.	į į		<u> </u>					
	STREET ADDRESS				TADDRESS			

3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

DELETE

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition