FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001481599
-05/09/95 -01127 --017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # S70215

1. Corporation Name
VIDEO PRODUCTION SYSTEMS, INC.

Principal Place of Business
8875 N.W. 23rd Street
Miami, FL 33172

Mailing Address
c/o Karp & Genauer, P.A.
2 Alhambra Plaza, Suite 1202
Coral Gables, FL 33134

3. Date Incorporated or Qualified: 8/1/91
3a. Date of Last Report: 2-17-94
4. FEI Number: 65-0274238 ☐ 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

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

9. Name and Address of Current Registered Agent

Peninsula Registered Agents, Inc.
200 S.E. 1st St.
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: Alhambra Registered Agents, Inc. c/o Karp & Genauer P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2 Alhambra Plaza, Suite 1202
83
84 City: Coral Gables FL 85 Zip Code: 33134

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], Vice President DATE 4/24/95

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HEIMLICH, BARRY N
STREET ADDRESS	8875 N.W. 23rd Street
CITY ST ZIP	Miami, FL 33172
TITLE	DV
NAME	KLEIN, ~~DAVID~~ DANIEL S
STREET ADDRESS	8875 N.W. 23rd Street
CITY ST ZIP	Miami, FL 33172
TITLE	
NAME	HICKS, LLOYD W
STREET ADDRESS	8875 N.W. 23rd Street
CITY ST ZIP	~~Miami, FL 33172~~
TITLE	AS
NAME	LEVY ARTHUR H.
STREET ADDRESS	8875 NW 23RD ST
CITY ST ZIP	MIAMI, FL 33172
TITLE	AT
NAME	HEIMLICH, DANIEL A.
STREET ADDRESS	8875 NW 23RD ST
CITY ST ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRY N. HEIMLICH, PRES.

Date: 4-27-95 Daytime Phone: 305-592-5355