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

PROFIT. CORPORATION -ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Mar 24, 1999 8:00 am Secretary of State

	19	999			DIVISION OF CO	RPORATI	ONS		03-24-1999 9	0084 016	5 ***150.0	00	
DOC	LIM	ENT # S90	NGE A										
1. Corpo	ration N	ame " 390	<i>1</i> 004										
BRUCE MARTIN VIDEO PRODUCTIONS, INC.								•					
									1 36 310 1 0 10 10 10 10 10 10 10 10 10	I		211 1111 1111	
	l }												
Principal	Place o	f Business		Mailing Ad	ddress		i iakitaib ma akm anns amas amas am		1) 9 1 9 11 3 1311 01				
12430 S.W	. 101 C1												
MIAMI FL		3176 MIAMI FL 33176							DO NOT WRIT	E IN THIS S	SPACE		
US	100							}	3. Date Incorporated or Qualifed				
									10/30/1991				
2 Princi	bal Plac	e of Business		2a. Mailing	Address			i	4. FEI Number		App	olied For	
21				6					65-0291661		Not	Applicable	
	Apt. #,	etc.			Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	I	
22 .		• • N	2	.7					5. Certificate of otatos position	<u> </u>	Fee Re	<u></u>	
City 8	State		L	City &	State				6. Election Campaign Financing		\$5.00		
23				8					Trust Fund Contribution		Added to	Fees	
Zip		Country Country		Zip		Country			 This corporation owes the current Personal Property Tax. 		ngibie □ Yes	TIMO	
24		25 29 30 30 9. Name and Address of Current Registered Agent						`1	10. Name and Address of New R				
<u>.</u>	<u> </u>	g, Name and Address	Of Curion Ne	urrent Registered Agent					10.	<u> </u>			
'	MARTIN, BRUCE 12430 S.W. 101 CT MIAMI FL 33176								-				
							Street A	aares	s (P.O. Box Number is Not Accepta	DIE)			
							City				85 Zip C	ode.	
										· FL			
11. Purs	the provisions of Section	ns 607.0502 an	d 607.1508	3, Florida Statutes	the above	e-named co	orpor	ation submits this statement for the solutions of directors. I hereby accept	purpose of o	hanging its	registered		
offic ager	e or regi nt. I am i	stered agent, or both, in familiar with, and accept	the State of Fi the obligations	onda. Suci of, Section	n change was aut n 607.0505, Florid	iorized by a Statutes	tne corpor	ration	s board of directors. Thereby accep	t tile appoin	unon as reg	3,5,6,700	
SIGNAT	URE												
	Sig	nature, typed or printed name of					nt signature rec	quired w	ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	PS IN 12	
12.) V	ICERS AND D	RECTOR	DELETE	13.			ADDITIONS/CHANGES TO OF	TOERS AN	☐ Change	Addition	
NAME	. ! -	MARTIN, SARA NOVIC	ek.			1.2 NAME	1						
STREET ADO	, ,	2430 SW 101 CT.	/IX			1	TADDRESS						
CITY-ST-ZI	, .	MAMI FL				1.4 CITY-S						1	
TITLE)P			☐ DELETE	2.1 TITLE					☐ Change	Addition	
NAME	, , -	MARTIN, BRUCE				2.2 NAME							
STREET ADI		2430 SW 101 CT.				2.3 STREET	T ADDRESS			•			
CITY-ST-ZII		IIAMI FL			<u> -</u>	2.4 C/TY-S	ST-ZIP						
TITLE					☐ DELETE	3.1 TITLE				ī	Change	☐ Addition	
NAME						3.2 NAME						Ì	
STREET ADI	PRESS					3.3 STREE	TADDRESS						
CITY-ST-ZI	<u> </u>					3.4. CITY-S	ST-ZIP				☐ Change	Addition	
TITLE					☐ DELETE	4.1 TITLE					☐ Calarige	Addition	
NAME						4. 2 NAME							
STREET ADI	1 1						TADORESS						
CITY-ST-ZII	P				☐ DELETE	4.4 CITY-S 5.1 TITLE	1-214				Change	Addition	
NAME	¦					5.2 NAME					•		
STREET AD	npese					1	T ADDRESS	•					
CITY-ST-ZI	I					5.4 CITY-S							
TITLE					☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME	.					6.2 NAME						Ì	
STREET AD	DRESS					6.3 STREE	T ADDRESS						
CITY-ST-ZII	1 1					6.4 CITY-S	T-ZIP						

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 of the repeiver 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, with all other like empowered.

SIGNATURE: