

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90075 036 \*\*\*150.00

DOCUMENT # V03002

1. Corporation Name

GENIUS PRODUCTS, INC.

Principal Place of Business

~~1800 2ND ST --~~

~~SUITE 854 --~~

~~SARASOTA FL 34236~~

US

Mailing Address

~~1800 SECOND ST~~

~~SUITE 854~~

~~SARASOTA FL 34236~~

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

65-0305863

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4400 Independence Court

Suite, Apt. #, etc.

22

City & State

23 Sarasota, Florida

Zip Country

24 34234

25 USA

2a. Mailing Address

26 4400 Independence Court

Suite, Apt. #, etc.

27

City & State

28 Sarasota, Florida

Zip Country

29 34234

30 USA

9. Name and Address of Current Registered Agent

DUFFEY, SAMUEL S

~~1800 SECOND ST --~~

~~SUITE 854 --~~

~~SARASOTA FL 34236 --~~

10. Name and Address of New Registered Agent

81 Name

Duffey, Samuel S.

82 Street Address (P.O. Box Number is Not Acceptable)

4400 Independence Court

83

84 City

Sarasota

FL

85 Zip Code

34234

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

TITLE ☐ DELETE

NAME MICHAEL, STEPHEN

STREET ADDRESS ~~1800 SECOND ST #854 --~~

CITY-ST-ZIP ~~SARASOTA FL --~~

TITLE ☐ DELETE

NAME DUFFEY, SAMUEL S

STREET ADDRESS ~~1800 SECOND ST #854 --~~

CITY-ST-ZIP ~~SARASOTA FL --~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MICHAEL, STEPHEN

1.3 STREET ADDRESS 4400 Independence Court

1.4 CITY-ST-ZIP Sarasota, FL 34234

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DUFFEY, SAMUEL S

2.3 STREET ADDRESS 4400 Independence Court

2.4 CITY-ST-ZIP Sarasota, FL 34234

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

SIGNATURE:

*Michael, Stephen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael, President

(941) 355-9361

April 26, 1999

Daytime Phone #

0474497

CR2E034 (1/1/98)