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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(2)

1. Corporation Name

TEDESCO VIDEO NETWORK, USA, INC.

Principal Place of Business

6188 C LAUREL LANE
TAMARAC FL 33319

Mailing Address

6188 C LAUREL LANE
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1992

3a. Date of Last Report

06/01/1994

4. FEI Number

11-2385647

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 § 199.022,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 6041 Kimberly Blvd.

2a. Mailing Address

25 6041 Kimberly Blvd

Suite, Apt., #, etc.

22 Suite E

Suite, Apt., #, etc.

27 Suite E

City & State

23 North Lauderdale, Fl.

City & State

28 North Lauderdale, Fl

Zip

24 33068

Country

25 USA

Zip

29 33068

Country

30 USA

9. Name and Address of Current Registered Agent

TEDESCO, JOE
6188 C LAUREL LANE
TAMARAC FL 33319

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 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 is required)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TEDESCO, JOE
STREET ADDRESS 6188 C LAUREL LANE
CITY, ST, ZIP TAMARAC FL

TITLE D
NAME HESS, ROBERT
STREET ADDRESS 155 S.W. 84 WAY
CITY, ST, ZIP CORAL SPRINGS FL

TITLE D
NAME STEINBERG, MICHAEL
STREET ADDRESS 9840 N.W. 7TH CIR
CITY, ST, ZIP PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Deleted

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 110.07(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:

Joseph A. Tedesco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95-305-735-112
DATE (Typed Name)