


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000005476**

1. Entry Name  
**MEGA VIDEO, INC.**



Principal Place of Business <b>1620 EMERSON STREET          JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>1620 EMERSON STREET          JACKSONVILLE, FL 32207 US</b>
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**DO NOT WRITE IN THIS SPACE**



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3219560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**NOSRAT, BRUCE  
 201 ODOM'S MILL BLVD.  
 #4  
 PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent; and true if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	<b>NOSRAT, BRUCE PO BOX 6953 JACKSONVILLE, FL 32236</b>
TITLE VST	<b>HAKIM, TOM PO BOX 6953 JACKSONVILLE, FL 32236</b>
TITLE V	<b>NOSRAT, PAUL PO BOX 6953 JACKSONVILLE, FL 32236</b>
TITLE V	<b>TAVOUSI, BIJAN PO BOX 6953 JACKSONVILLE, FL 32236</b>
TITLE NAME	
TITLE NAME	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Bruce A* BRUCE NOSRAT** **4/30/04 (760) 220-0909**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #