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**CORPORATION
ANNUAL REPORT
1995**



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

**AND
FILED**

95 FEB 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H22448

(5)

1. Corporation Name

VIDEO VENTURES OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

**% EDMUND J. ANDERSON
2519 WATKINS DR
MELBOURNE FL 32901**

**% EDMUND J. ANDERSON
2519 WATKINS DR
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1984

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2463392

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, EDMUND J.
2519 WATKINS DR
MELBOURNE FL 32901**

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 if applicable

(NOTE: Registered Agent Signature required when transferring)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

NAME

ANDERSON, EDMUND J.

STREET ADDRESS

2519 WATKINS DR

CITY - ST - ZIP

MELBOURNE FL

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VT

NAME

ANDERSON, SANDRA S.

STREET ADDRESS

2519 WATKINS DR

CITY - ST - ZIP

MELBOURNE FL

20 TITLE

21 NAME

22 STREET ADDRESS

23 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

40 TITLE

41 NAME

42 STREET ADDRESS

43 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

50 TITLE

51 NAME

52 STREET ADDRESS

53 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

60 TITLE

61 NAME

62 STREET ADDRESS

63 CITY - ST - ZIP

☐ Change ☐ Addition

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 199.03(6), 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:

Edmund J. Anderson

Edmund J. Anderson

2/17/95

407-727-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number