Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90057 004 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

DON'S VIDEO WORLD, INC.



DOCUMENT # H98726 1. Corporation Name

Principal Place of Business

Mailing Address

37931 HEATHER PLACE HIGHWAY 301 S DADE CITY FL 33525	37931 HEATHER PLACE HIGHWAY 301 S DADE CITY FL 33525		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/11/1986		
2. Principal Place of Business	2a. Mailing Address 26		1 ···	applied For lot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75	Additional Required	
City & State	City & State			May Be	
23 Zip Country 24 25	Zip Cot 29 30	itry	8. This corporation owes the current year Intangible Personal Property Tax.	□No	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DELOACH, DONALD 37931 HEATHER PLACE HIGHWAY 301 S DADE CITY FL 33525		81 Name 82 Street Addr 83 84 City	ess (P.O. Box Number is Not Acceptable)	Code	

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change DELETE 1.1 TITLE TITLE DELOACH, DONALD 1.2 NAME NAME 37512 LAYTON RD. 1.3 STREET ADDRESS STREET ADDRESS DADE CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE GAYLORD, TERRI 2.2 NAME NAME 1102 S. OHIO AVENUE 2.3 STREET ADDRESS STREET ADDRESS LIVE OAK FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE, DELOACH, MARGARET G. 3.2 NAME NAME 37512 LAYTON ROAD 3.3 STREET ADDRESS STREET ADDRESS DADE CITY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME . NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-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 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:

352-567-6200

CR2E034 (11/98)