FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAY -1 AM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H99825 (2)

1. Corporate Name
PARAGON VIDEO SERVICE, INC.

Principal Place of Business	Mailing Address
3309 W WATERS AVE BROOK PLAZA STE B TAMPA FL 33614	3309 W WATERS AVE BROOK PLAZA STE B TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite Apt. # etc. (22) | Suite Apt. # etc. (27)
City & State (23) | City & State (28)
ZIP (24) | County (25) | ZIP (29) | County (30)

4. FEI Number: 59-3043922 ☐ 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

9. Name and Address of Current Registered Agent

NEGUSEI, BROOK
8922 N DEXTER AVE
TAMPA, 33604

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	NEGUSEI, BROOK	NAME	
STREET ADDRESS	8922 N. DEXTER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	DT	TITLE	☐ Change ☐ Addition
NAME	NEGUSEI, BROOK	NAME	
STREET ADDRESS	8922 N DEXTER AV	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	V	TITLE	☒ Change ☐ Addition
NAME	LACASSE, TOM	NAME	ARNOLD, SANEY.
STREET ADDRESS	609 GREEN VALLEY RD	STREET ADDRESS	8922 N. Dexter Ave
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	TAMPA FL
TITLE	S	TITLE	☒ Change ☐ Addition
NAME	BRISSA, JOANIE S	NAME	S HAMIDA M. HASSEN
STREET ADDRESS	6603 BARTON RD	STREET ADDRESS	8922 N. DEXTER AVE
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	TAMPA, FL
TITLE	T	TITLE	☒ Change ☐ Addition
NAME	ARNOLD, SANEY	NAME	BROOK Negusei
STREET ADDRESS	8922 N. DEXTER AVENUE	STREET ADDRESS	8922. N Dexter Ave
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA FL 33614
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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 serve 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 above, if applicable, or on an attachment with an address.

SIGNATURE: Brook Negusei Brook Negusei 4-25-95 8139338654
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0298850 CP