FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J92356 (1)

1. Corporate Name
EXPRESS VIDEO, INC.

Principal Place of Business
8271 SUNSET STRIP
SUNRISE FL 33322

Mailing Address
8271 SUNSET STRIP
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1987
3a. Date of Last Report: 05/01/1994

2. Prior Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City, State, Zip
23

City, State, Zip
28

City 24 County 25 Zip 29 County 30

4. FEI Number: 65-0031664
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

LABARBERA, VINCENT JR
248 N.W. 95TH AVE.
PLANTATION FL 33324

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 Section 607.0505 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: Registered Agent's Signature or Signature of Officer or Director of Registered Agent Corporation

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LABARBERA, JOHN
STREET ADDRESS	280 NW 95TH AVE
CITY, ST, ZIP	PLANTATION FL
TITLE	D
NAME	LABARBERA, VINCENT JR
STREET ADDRESS	248 NW 95TH AVE
CITY, ST, ZIP	PLANTATION FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true and complete and that I am not qualified for this exemption as stated in Section 119.07(3)(i), Florida Statutes. Further, I hereby certify that the annual report or supplemental annual report to be filed is complete 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 a limited liability company manager or member as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or I have attached with an address.

SIGNATURE: 4-28-95 305 552 9700
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0220075 CP