**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 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K61065** **(4)**

1. Corporation Name
**MOVIES UNLIMITED, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2408 LAND O'LAKES BLVD<br>LAND O'LAKES FL 34639 | 2408 LAND O'LAKES BLVD<br>LAND O'LAKES FL 34639 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/26/1989**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2926693** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALAGHA, JOELLE D.**
**5618 TERN CT.**
**TAMPA FL 33626**

10. Name and Address of New Registered Agent

81 Name: RIVERA, JUAN
82 Street Address (P.O. Box Number is Not Acceptable): COMMODORE WAY
83
84 City: TAMPA **FL** 85 Zip Code: 33615

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: RIVERA, JUAN Juan Rivera 4/27/95
(Registered Agent signature required when changing) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | P | 11 TITLE | PRESIDENT ☒ Change ☐ Addition |
| 12 NAME | ALAGHA, D. SALIM | 12 NAME | RIVERA, JUAN |
| 13 STREET ADDRESS | 5618 TERN CT. | 13 STREET ADDRESS | COMMODORE WAY |
| 14 CITY ST ZIP | TAMPA FL | 14 CITY ST ZIP | TAMPA, FL. 33615-5810 |
| 21 TITLE | VP | 21 TITLE | VICE PRESIDENT ☒ Change ☐ Addition |
| 22 NAME | ALAGHA, JOE D. | 22 NAME | RIVERA, MIGDALIA S. |
| 23 STREET ADDRESS | 5618 TERN CT. | 23 STREET ADDRESS | COMMODORE WAY |
| 24 CITY ST ZIP | TAMPA FL. | 24 CITY ST ZIP | TAMPA, FL. 33615-5810 |
| 31 TITLE | S | 31 TITLE | SECRETARY ☒ Change ☐ Addition |
| 32 NAME | ALAGHA, JOELLA D. | 32 NAME | RIVERA, MIGDALIA S. |
| 33 STREET ADDRESS | 5618 TERN CT. | 33 STREET ADDRESS | COMMODORE WAY |
| 34 CITY ST ZIP | TAMPA FL. | 34 CITY ST ZIP | TAMPA, FL. 33615-5810 |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

14. I/We 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/We 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 11 or Block 13 above or on an attachment with an additional

**SIGNATURE:** RIVERA, JUAN Juan Rivera 4/27/95 813-949-6866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

037(068) CP