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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90063 038 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K97360**

1. Corporation Name  
**VIDEO BOYS OF ORLANDO, INC.**



Principal Place of Business  
**3400 S ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32839**  
 US

Mailing Address  
**13219 MEERGATE CIRCLE**  
~~2407 MYRNA STREET~~  
**ORLANDO FL 32837**  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21  
 Suite, Apt. #, etc.

23  
 City & State

24  
 Zip Country

2a. Mailing Address

26  
**13219 MEERGATE CIRCLE**  
 Suite, Apt. #, etc.

28  
**ORLANDO FL**  
 City & State

29  
**32837** 30  
**ORANGE**  
 Zip Country

3. Date Incorporated or Qualified

**06/21/1989**

4. FEI Number

**59-2953347**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**FOX, GARRICK N P.A.**  
**219 N MAGNOLIA AVE**  
**ORLANDO FL 32839**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PS**  
**ERICKSON, DAVID C**  
**13219 MEERGATE CIRCLE**  
**ORLANDO FL 32837**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VT**  
**DAVISON, DONALD E**  
**13219 MEERGATE CIRCLE**  
**ORLANDO FL 32837**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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: *David C. Erickson* **DAVID C. ERICKSON** 1-15-99 (407) 839-0204  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)