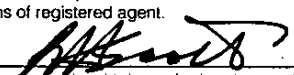
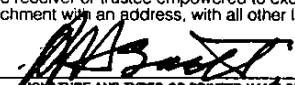


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90035 039 \*\*\*150.00

<b>DOCUMENT # L12183</b> 1. Entity Name <b>BROTHERS VIDEO PIZZA, INC.</b>			
Principal Place of Business <b>130 RICKEY ST FORT WALTON BEACH, FL 32547</b>		Mailing Address <b>130 RICKEY ST FORT WALTON BEACH, FL 32547</b>	
2. Principal Place of Business - No P.O. Box # <b>4716 Lake Emerald Rd.</b>		Mailing Address <b>4716 Lake Emerald Rd.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Holt, FL</b>		City & State <b>Holt, FLA</b>	
Zip <b>32564</b>		Zip <b>32564</b>	
Country <b>OKALOOSA</b>		Country <b>OKALOOSA</b>	
3. Name and Address of Current Registered Agent  <b>SCOTT, R. HIRAM 130 RICKEY STREET FT. WALTON BEACH, FL 32548</b>		4. FEI Number <b>59-3004256</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCOTT, R. HIRAM 130 RICKEY STREET FT. WALTON BEACH, FL 32548</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SCOTT, R.H. 130 RICKEY ST. FT. WALTON BEACH, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCOTT, DAVIN 128 RICKEY STREET FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCOTT, O. DARIN 4714 LAKE EMERALD DR HOLT, FL 32564	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-14-08 · 850-537-9987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	