## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # M98721  1. Entity Name ACTION VIDEO CLUB, INC.								03-21-2005	90077 01	0 ***150	0.00	
Principal Place of Business Mailing Address							1		•			
				3733 W. FLAGLER ST. MIAMI, FL 33134								
Principal Place of Business     3. Mailing Address												
								<b>30/8</b> /		Bibli Bibli Bibl	( <b>. 188</b> )	
Suite, Apt. #, etc.			S	Suite, Apt. #. etc.			01182005	Chg-P	CR2E03	4 (10/03)		
City & State			T	City & State			4. FEI Numbe 65-0109				plied For at Applicable	
Zip	Country		Z	Zip Coun		itry	5. Certificate	of Status Desired		8.75 Add	litional	
	6. Name	and Address of Current	t Regist				7. Name and Address of New Registered Agent					
IBANEZ, JESUS						Name						
3733 W. FLAGLER ST. MIAMI, FL 33134						Street Address (P.O. Box Number is Not Acceptable)						
						City FL Zip Code						
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												
	Signature, typed	d or printed name of registered agent	f and title if	applicable. (NOT	ed Agent signature required	t when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.							.00 May Be led to Fees					
10.	OFFICERS AND DIR			TORS	RS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD IBANEZ, JESUS			- Delete TITLE		- I		•		☐ Change	☐ Addition	
STREET ADDRESS	s 3733 W. FLAGLER ST.			STRE		EET ADDRESS		•				
CITY-ST-ZIP	MIAMI, FI	_ 33134			_	Y-ST-ZIP						
NAME				Delete TITLE						Change	Addition	
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP				C Delete -	CITY	/-ST-ZIP				Change	- Addition	
NAME				☐ Delete	NAM	1 7	. <del>-</del>	- <del>-</del>		C <u>ha</u> nge	☐ <u>Ad</u> dition	
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP						
TITLE	<del>                                     </del>			☐ Delete	TITL					☐ Change	Addition	
NAME				—	NAM					_	_	
STREET ADDRESS CITY-ST-ZIP	j					EET ADDRESS /- ST- ZIP						
TITLE				☐ Delete	TITU					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM	ME EET ADDRESS						
CITY-ST-ZIP					1	r-St-zip						
12. I hereby indicated of the corchanged	certify that the control on this reportion or the control or the c	ne information supplied wit oft or supplemental report the receiver or trustee emp talchment with an address	h this file is true a powered with all	ing does not qualify found accurate and that if it to execute this report other like empowered	or the exe my signa t as requ d.	emption stated in Se ture shall have the ired by Chapter 60.	ection 119.07(3)( same legal effec 7, Florida Statute	i), Florida Statutes. I it as if made under des; and that my name	I further certi oath; that I ar e appears in	fy that the ir m an officer Block 10 or	nformation or director Block 11 if	

JEJUS IBANEZ