2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P04000127261 1. Entity Name 04-26-2005 90175 041 ***158.75 EDGEWOOD TV & VCR SERVICE, INC. Principal Place of Business Mailing Address 8642 OSPREY LANE 8642 OSPREY LANE 20046960 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 ン pal Place of Business Mailing Address AME Suite, Apt. #, etc 04192005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PATTERSON, RONNIE C 8642 OSPREY LANE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32217 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 A of eligistered agent and little if applicable. (NOTE: Hactsferred Agent stonature required when reinstating) DAIL 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n TITLE TITLE Delete ☐ Change Addition PATTERSON, GERALD L NAME NAME STREET ACCRESS 8642 OSPREY LANE STREET ACCRESS CITY-ST-ZIP JACKSONVILLE, FL 32217 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PATTERSON, RONNIE C NAME STREET ACCRESS 8642 OSPREY LANE STREET ACCRESS CITY-ST-ZIP JACKSONVILLE, FL 32217 CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ACCRESS STREET ACCRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ACCRESS STREET ACCRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ACCRESS STREET ACCRESS CITY - ST - ZDP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ACCRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 mede under ceth; 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, witb-all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED