## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P05000034107 1. Entity Name VIDEO MANIA INC 2007 SEP 17 AM 8: 45 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIOA 877 HWY 20 UNIT B PO BOX 664 INTERLACHEN, FL 32148 HOLLISTER, FL 32147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 07312007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, TOY G III Street Address (P.O. Box Number is Not Acceptable) 118 LEE LANE HOLLISTER, FL 32147 City Zip Code FL 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 (NOTE Peopletered Agent signature required when reinstating) D/ATE Signature, typed or printed name of registered agent and little it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PRES ☐ Delete MIRE TITLE NAME **800109872308** 09/25/07--01010--018 \*\*15 JACKSON, TOY G III HAME PO BOX 664 STREET ADDRESS STREET ADDRESS \*\*150.00 UTY-31-7(P HOLLISTER, FL 32147 OTY-51-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS UTY-ST-ZIP OTTY-ST-ZIP Addition ☐ Delete THE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS utv-st-zie COTY+SI-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME HALLE STREET ADDRESS STREET ADDRESS UITY-ST-ZIP OITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS OTY-SI-ZIP CHY-ST-ZIP TITLE Delete THEE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY - S.F.- ZIP CITY - ST-ZIP 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 amnowered

Toy Grady Juckson III 9/1/07

