FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006318 (9)

1. Corporation Name

BJ'S VIDEO, INC.

Principal Place of Business	Mailing Address
6076 OKEECHOBEE BLVD. BAYS 30-31 WEST PALM BEACH FL 33417	6076 OKEECHOBEE BLVD. BAYS 30-31 WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 11/19/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0370355	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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes.	[X] Yes ☐ No

9. Name and Address of Current Registered Agent

~~WALL BETTY~~
~~102 CORTEZ AVENUE~~
~~ROYAL PALM BEACH FL 33411~~

10. Name and Address of New Registered Agent

81 Name: John E. Kisker
82 Street Address (P.O. Box Number is Not Acceptable): 541 Cashiers Drive
83
84 City: West Palm Beach, FL 33413 — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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] JOHN E. KISKER — DATE: 5/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN ...	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	~~WALL BETTY~~	NAME	
STREET ADDRESS	~~102 CORTEZ AVENUE~~	STREET ADDRESS	
CITY-ST-ZIP	~~ROYAL PALM BEACH FL 33411~~	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KISKER, JOYCE H	NAME	
STREET ADDRESS	541 CASHIERS DR.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	CITY-ST-ZIP	
TITLE		TITLE	D ☐ Change [X] Addition
NAME		NAME	Kisker, John E.
STREET ADDRESS		STREET ADDRESS	541 Cashiers Drive
CITY-ST-ZIP		CITY-ST-ZIP	West Palm Beach, FL 33413
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] JOHN E. KISKER — 5/7/95 — 407-640-4299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0253695 CP