FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
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95 JUN -8 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P92000007925

1. Corporation Name

~~GANDY VIDEO INC.~~
Screens Entertainment, Inc.

Principal Place of Business	Mailing Address
4644 W. GANDY BLVD. TAMPA, FL 33611	6001 BENJAMIN RD. TAMPA, FL. 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/24/92
3a. Date of Last Report: MAY 94

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 59-3150705 | ☐ Applied For | ☐ Not Applicable

5. Certificate of Status Desired ☒ — $**5.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $**5.00** May Be Added to Fees

7. The corporation has facility for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

GRIFFITH, GAIL
4644 W. GANDY BLVD.
TAMPA, FL. 33611

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 6001 BENJAMIN RD.

83

84 City: TAMPA, | 85: FL | Zip Code: 33634

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on all filings)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, GAIL	1.2 NAME	
STREET ADDRESS	4644 W. GANDY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DIAZ, JOE	2.2 NAME	
STREET ADDRESS	4644 W.GANDY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100000151019
-06/08/95 01021--019
****233.75 ****233.75

053
6/8/95

14. I do 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: Joseph Diaz, Jr. 6/7/95 813-886-7373
Signature and Typed or Printed Name of Individual and Capacity or Title of Officer or Director — Date — Daytime Phone #

P.2

MAY 26 '95 02:33PM CAPITAL CONNECTION

1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086 P92-7925

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

RECEIVED
95 JUN -9 AM 11:34
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 612944 141380A

AUTHORIZATION : Patricia Pizzato

COST LIMIT : $ 233.75

ORDER DATE : June 9, 1995

ORDER TIME : 10:40 AM

400001509784

ORDER NO. : 612944

CUSTOMER NO: 141380A

CUSTOMER: Peter Altman, Cpa
Peter Altman, Cpa
5715 Main Street

New Port Richey, FL 34652

RUSH WILL WAIT

DOMESTIC FILINGS

NAME: PASCO HOLDING, INC.

XX ~~REINSTATEMENT~~ A. R.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS TLS