## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006299 (0)

| Principal Place of Business | Mailing Address    |
|-----------------------------|--------------------|
| 8015 ULMERTON ROAD          | 8015 ULMERTON ROAD |
| LARGO FL 34641              | LARGO FL 34641     |

## **FILED** Feb 04 1998 8:00am Secretary of State

| EXOTIC VIDEO INCORPORATED   |   |                                |            |                     |                     |  |          |   |  |  |  |  |
|---|---|--------------------------------|------------|---------------------|---------------------|--|----------|---|--|--|--|--|
| Principal Plac  | iling Address                           | g Address                      |            |                     |                     | E IMBRIDDE HO INING ANNY ANNY ANNY ANNY AND BUT NO AND THE STATE OF THE STATE OF THE STATE AND STATE OF THE S |          |   |  |  |  |  |
| 8015 ULMERTON ROAD 8015 ULMERTON ROAD LARGO FL 34641 LARGO FL 34641   |   |                                |            |                     |                     |  |          |   |  |  |  |  |
|   |   |                                |            |                     |                     |  |          |   |  | DO NOT WRITE IN THIS SPACE   |  |  |
|   |   |                                |            |                     |                     |  |          |   |  | Date Incorporated or Qualified     02/01/1993                              |  |  |
| 2, Principal Place of Business  |   |                                |            |                     | 2a. Mailing Address |  |          |   |  | 4. FEI Number Applied For  |  |  |
| 21  |   |                                |            |                     | 26                  |  |          |   |  | <b>59-3162705</b> Not Applicable   |  |  |
| Suite, Apt. #, etc.   |   |                                |            | Suite, Apt. #, etc. |                     |  |          |   |  | S Cartificate of Status Desired \$8.75 Additional                          |  |  |
| 22  |   |                                |            | 27                  |                     |  |          |   |  | Fee Required   |  |  |
| City & State  |   |                                |            | City & State        |                     |  |          |   |  | 6, Election Campaign Financing \$5.00 May Be                               |  |  |
| 23  |   |                                |            | Zip Country         |                     |  |          |   | Trust Fund Contribution  |  |  |  |
| Zip   | -                                       |                                |            |                     |                     | untry  |          |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |  |  |  |
| 24  |   | nd Address o                   |            | 29<br>Inist         | ered Agent          | 30   |          |   |  | 10. Name and Address of New Registered Agent                               |  |  |
|   | <u> </u>                                |                                |            | <del></del>         |                     |  | 81       | Name                                      |  |  |  |  |
| GREG BURRIS,  |   |                                |            |                     |                     |  |          |   |  |  |  |  |
| 2400 N. FORSYTH RD.   |   |                                |            |                     |                     |  |          | Street.                                   | Addres   | dress (P.O. Box Number is Not Acceptable)                                  |  |  |
| Suite 202<br>Orlando FL 32807   |   |                                |            |                     |                     |  | 83       |   |  |  |  |  |
| O   | NOUNDO I L                              | )LOU!                          |            |                     |                     |  |          |   |  |  |  |  |
|   |   |                                |            |                     |                     |  | 84       | City                                      |  | FL 85 Zip Code   |  |  |
| 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE |   |                                |            |                     |                     |  |          |   |  |  |  |  |
|   | Signature, typed o                      | r print <b>ed n</b> ame of reg |            |                     |                     |  |          | nt signature                              | required   | (when reinstating) DATE  |  |  |
| 12.   | DP                                      | OFFIC                          | ERS AND DI | REC                 | DELETE              | 13.  |          |   | Ι  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition         |  |  |
| TITLE   | - ·                                     | ODEO.                          |            |                     | C.J otter           |  | IAME     |   |  |  |  |  |
| NAME<br>OFFICE ADDRESS  | BURRIS, GREG<br>2400 N FORSYTH RD SUITE |                                |            |                     |                     |  |          | ADDRESS                                   |  |  |  |  |
| STREET ADDRESS  | ADI MIDA FI                             |                                |            |                     | 202                 |  |          | 1.3 STREET ADDRESS<br>1.4 City - St - ZIP |  |  |  |  |
| CITY-ST-ZIP<br>TITLE  | UNLANO                                  | <u> </u>                       |            |                     | DELETE              | 2.11   |          | 1-511                                     | <del> </del> -   | Change Addition  |  |  |
| NAME  |   |                                |            |                     |                     | 2.21   |          |   |  | •  |  |  |
| STREET ADDRESS  |   |                                |            |                     |                     |  |          | ADDRESS                                   |  |  |  |  |
| CITY-ST-ZIP   | 1                                       |                                |            |                     |                     |  | CITY - S |   |  |  |  |  |
| TITLE   | <del> </del>                            |                                |            |                     | DELETÉ              | 3.17   |          | <u> </u>                                  |  | Change Addition  |  |  |
| NAME  |   |                                |            |                     |                     | 3.21   | IAME     |   |  | ,  |  |  |
| STREET ADDRESS  | .[                                      |                                |            |                     |                     | 3.3 9  | STREET   | ADDRESS                                   |  |  |  |  |
| CITY-ST-ZIP   | 1_                                      |                                |            |                     |                     | 3.4.   | CITY - S | ST-ZIP                                    |  |  |  |  |
| TITLE   |   |                                |            |                     | DELETE              | 4.11   | ITLE     |   |  | ☐ Change ☐ Addillon  |  |  |
| NAME  |   |                                |            |                     |                     | 4.2  | NAME     |   |  |  |  |  |
| STREET ADDRESS  |   |                                |            |                     |                     | 4.3 5  | TREET    | ADDRESS                                   |  |  |  |  |
| CITY-ST-ZIP   |   |                                |            |                     |                     | 4.4 (  | 31Y-5    | T-ZIP                                     |  |  |  |  |
| TITLE   |   |                                |            |                     | ☐ DELETE            | 5.11   | TITLE    |   |  | Change Addition  |  |  |
| NAME  |   |                                |            |                     |                     | 5.21   | IAME     |   |  |  |  |  |
| STREET ADDRESS  | -[                                      |                                |            |                     |                     | 5.3 9  | STREET   | ADORESS                                   |  | •  |  |  |
| CITY-ST-ZIP   |   |                                |            |                     |                     | _  | HTY-S    | T-ZIP                                     | ļ  |  |  |  |
| TITLE   |   |                                |            |                     | DELETE              | 6.11   | TITLE    |   |  | Change Addition  |  |  |
| NAME  |   |                                |            |                     |                     | 6.21   | IAME     |   |  |  |  |  |
| STREET ADDRESS  |   |                                |            |                     |                     | 6.3 9  | TREET    | ADDRESS                                   |  |  |  |  |
| CITY-ST-ZIP   | <u></u>                                 | <del> </del>                   |            |                     |                     | 6.4 (  | CITY-S   | T-ZIP                                     | L  | action 110 07/0V/N Florida Statutas I further contifu that the information |  |  |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 of the receiver or frustee 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. On an attachment with an address.

1/3/198

(402) 3/10-9/21