

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:04

DOCUMENT # P93000045272 (0)

1. Corporation Name

X-CLUSIVE VIDEO, INC.

Principal Place of Business
1169 N. HERCULES AVE.
CLEARWATER FL 34625

Mailing Address
1169 N. HERCULES AVE.
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3194893

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

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

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPILOTES, DENA
1169 N. HERCULES AVE.
CLEARWATER FL 34625

81. Name KARRAS, DENA

82. Street Address (P.O. Box Number is Not Acceptable)
1169 N HERCULES AVE

83.

84. City CLEARWATER

FL

85. Zip Code 34625

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

DENA KARRAS

(NOTE: Registered Agent signature required when registering)

3-22-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KARRAS, JOHN
STREET ADDRESS 1830 OAK TRL E #205
CITY, ST, ZIP CLEARWATER FL

1.1 TITLE
1.2 NAME KARRAS, JOHN
1.3 STREET ADDRESS 2751 S. PINES DR. APT 4
1.4 CITY, ST, ZIP LARGO, FL 34641

☒ Change ☐ Addition

TITLE VPS
NAME SPILOTES, DENA
STREET ADDRESS 1830 OAK TRL E #205
CITY, ST, ZIP CLEARWATER FL

2.1 TITLE
2.2 NAME KARRAS, DENA
2.3 STREET ADDRESS 2751 S. PINES DR. APT 4
2.4 CITY, ST, ZIP LARGO, FL 34641

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 190.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DENA KARRAS (DENA KARRAS)

3-22-95

446-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER