

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

FILED

Feb 03 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000045272 (0)

1. Corporation Name  
X-CLUSIVE VIDEO, INC.

Principal Place of Business

1163 N HERCULES AVE  
CLEARWATER FL 34625  
US

Mailing Address

1163 N HERCULES AVE  
CLEARWATER FL 34625-1919  
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

02/05/1996

4. FEI Number

59-3194893

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

RONALD MILLER

82 Street Address (P.O. Box Number is Not Acceptable)

225 HAMDEN DR.

83

84 City

CLEARWATER

FL

85 Zip Code

34630

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME KARRAS, JOHN  
STREET ADDRESS 2751 S PINES DR #4  
CITY-ST-ZIP LARGO FLTITLE VPS ☒ DELETE  
NAME KARRAS, DENA  
STREET ADDRESS 2751 S PINES DR #4  
CITY-ST-ZIP LARGO FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S. ☐ Change ☒ Addition  
1.2 NAME MILLER, RONALD  
1.3 STREET ADDRESS 225 HAMDEN DR.  
1.4 CITY-ST-ZIP CLEARWATER, FL 346302.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97

813-446-4840

Date

Daytime Phone #

CR2E034 (9/96)