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 -1 PM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000061132 (5)

1. Corporation Name

NITE FLIX VIDEO AT THE BEACH INC.

Principal Place of Business	Mailing Address
1365 S. THIRD ST. JACKSONVILLE BCH. FL 32250 US	%DAVID A KING 1416 KINGSLEY AVENUE ORANGE PARK FL 32073

3. Date Incorporated or Qualified: 09/01/1993
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-3199192 ☐ 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. This corporation has intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KING, DAVID A
~~1416 KINGSLEY AVENUE~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Attorney at Law
83 1416 Kingsley Avenue
84 City: Orange Park FL 85 Zip Code: 32073

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 when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BHIKHA, BHAGIRATH
STREET ADDRESS	1237 E WILLOW OAKS DRIVE
CITY ST ZIP	JACKSONVILLE BEACH FL 32250
TITLE	D
NAME	BHIKHA, SUNIL
STREET ADDRESS	1237 E WILLOW OAKS DRIVE
CITY ST ZIP	JACKSONVILLE BEACH FL 32250
TITLE	D
NAME	PARAG, JAYESH
STREET ADDRESS	8720 ROLLING BROOK LANE
CITY ST ZIP	JACKSONVILLE FL 32256
TITLE	D
NAME	PATEL, DILIP Z
STREET ADDRESS	4605 CONFEDERATE OAK DRIVE
CITY ST ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	PATEL, KANTI A
STREET ADDRESS	3000 CORONET LANE, APT 128
CITY ST ZIP	JACKSONVILLE FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sunil Bhikha, President 4/25/95 (904) 249-6040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sunil Bhikha, President — Date — Daytime Phone #

0004443 CP