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

FILED
95 JUL -7 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000088819 (6)

1. Corporation Name
WORLD OF VIDEO, INC.

Principal Place of Business	Mailing Address
2454 SEYMOUR ST JACKSONVILLE FL 32246-1707	2454 SEYMOUR ST JACKSONVILLE FL 32246-1707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 59-3216644	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

WAHIDI, SHAHID
2454 SEYMOUR ST
JACKSONVILLE FL 32246-1707

10. Name and Address of New Registered Agent

81 Name: ANGIE WAHIDI
82 Street Address (P.O. Box Number Is Not Acceptable): 2454 SEYMOUR STREET
83
84 City: JACKSONVILLE FL 85 Zip Code: 32246

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: ANGIE WAHIDI Angie Wahidi 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P, D	☒ Change ☐ Addition
NAME	WAHIDI, SHAHID	1.2 NAME	ANGIE WAHIDI	
STREET ADDRESS	2454 SEYMOUR ST	1.3 STREET ADDRESS	2454 SEYMOUR ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32246-1707	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246-1707	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		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		

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: ANGIE WAHIDI Angie Wahidi 4/11/95 904-221-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024406 CP