2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P93000088819 WORLD OF VIDEO, INC. 04-25-2001 90168 001 ***150.00 Principal Place of Business Mailing Address 12777-22 ATLANTIC BLVD. 12634 SWINTON CT. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3216644 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGIE WAHIDI Street Address (P.O. Box Number is Not Acceptable) 12634 SWINTON CT. JACKSONVILLE FL 32246 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typeo or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00 WAHIDI, ANGIE NAME STREET ADDRESS 12634 SWINTON CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Jacksonville fl **VPD** TITLE ☐ Delete TITL F ☐ Charge Addition WAHIDI, SHAHID ALI NAME STREET ADDRESS 12634 SWINTON CT. STREET ADDRESS C!TY-ST-ZIP CHY ST-ZP JACKSONVILLE FL TITLE ☐ Delete HHE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter C 17. Fiorida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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