

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

APPROVED AND FILED

01/06/1994 14:30:01

OFFICE OF STATE COMPTROLLER, PALM BEACH, FLORIDA

CORPORATION:
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Noyes, Secretary
1000 North US Highway
Tallahassee, Florida 32304-0001

DOCUMENT # **P94000001370 (3)**

PRICEBUSTER VIDEO, INC.

(DO NOT WRITE IN THIS SPACE)

Principal Office: 3297 TAMPA ROAD, PALM HARBOR FL 34684
Mailing Address: 3297 TAMPA ROAD, PALM HARBOR FL 34684

3. Date Incept Created or Acquired: 01/06/1994
3a. Date of Last Report: Applied For / Not Applicable
4. FEI Number: 59-3078979
5. Certificate of Status Deemed: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes: Yes No

2. Principal Office of Business: 21. Mailing Address: 26. Mailing Address:
22. State App. # etc: 27. State App. # etc:
23. City & State: 28. City & State:
24. City: 25. County: 29. City: 30. County:

9. Name and Address of Current Registered Agent:
**BYLE, STEVEN H
3297 TAMPA ROAD
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent:
B1 Name: Doris J Byli
B2 Street Address (P.O. Box Number is Not Acceptable): 29741 69th St N
B3
B4 City: Clearwater FL B5 Zip Code: 34621

11. Pursuant to the provisions of Sections 607.04(1) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent 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 agree to the obligations of Sections 607.04(1), Florida Statutes.

SIGNATURE: *Steven H. Byle* 4-29-95

12. OFFICERS AND DIRECTORS

12.1	D	BYLE, STEVEN H 310 ST. PETERSBURG DRIVE OLDSMAR FL 34677
12.2	D	BYLE DORIS J 29741 69TH ST. NORTH CLEARWATER FL 34621
12.3		
12.4		
12.5		
12.6		
12.7		
12.8		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1:

13.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2		
13.3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4		
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13.7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8		
13.9		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10		

14. I, the undersigned, certify that the information furnished and does not qualify for the exemption stated in Section 110.04(1)(b), Florida Statutes. I further certify that the information furnished is true and correct to the best of my knowledge and belief 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 recorder or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 1, or Block 1(a), hereof, or in an affidavit with an affidavit.

SIGNATURE: *S. H. Byle* 7/11/95 787-0000
ORIGINAL AND EXPEDITION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR