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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000005476 (4)**

1. Corporation Name
MEGA VIDEO, INC.

Principal Place of Business	Mailing Address
5436-4 BLANDING BLVD JACKSONVILLE FL 32210 US	4000-27 ST JOHNS AVE JACKSONVILLE FL 32205-9355 US

2. Principal Place of Business 21 1142 S. Edgewood Ave. Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32205 Country 25 US	2a. Mailing Address 26 1142 SOUTH EDGEWOOD AVE. Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32205 Country 30 US

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3219560 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOSRAT, BRUCE 4000-27 ST. JOHNS AVE. #4 JACKSONVILLE FL 32205	81 Name: NOSRAT, BRUCE 82 Street Address (P.O. Box Number is Not Acceptable): 201 ODOM'S MILL BLVD. 83 84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	NOSRAT, BRUCE		12 NAME	NOSRAT, BRUCE	
STREET ADDRESS	4000-27 ST. JOHNS AVE. #4		13 STREET ADDRESS	201 ODOM'S MILL BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VST	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HAKIM, TOM		22 NAME		
STREET ADDRESS	351 CROSSINGS BLVD #1114		23 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE	V	☒ Change ☐ Addition
NAME	NOSRAT, DELORES A.		32 NAME	NOSRAT, DELORES A.	
STREET ADDRESS	23 TURTLEBACK TRAIL		33 STREET ADDRESS	1829 FAIRFAX COURT S.	
CITY-ST-ZIP	PONTE VEDRA FL		34 CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	V	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	TAVOUSI, BIJAN		42 NAME		
STREET ADDRESS	351 CROSSINGS BLVD #1116		43 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: Bruce Nosrat BRUCE NOSRAT PRES 5-30-97 (904) 284-4554