

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90219 001 ***150.00

DOCUMENT # P94000005476

1. Corporation Name
MEGA VIDEO, INC.

Principal Place of Business

1142 S. EDGEWOOD AVE.
JACKSONVILLE FL 32205
US

Mailing Address

1142 SOUTH EDGEWOOD AVE.
JACKSONVILLE FL 32205
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOSRAT, BRUCE
201 ODOM'S MILL BLVD.
#4
PONTE VEDRA BEACH FL 32082

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME NOSRAT, BRUCE
STREET ADDRESS 201 ODOM'S MILL BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VST ☐ DELETE
NAME HAKIM, TOM
STREET ADDRESS 351 CROSSINGS BLVD #1114
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 351 CROSSINGS BLVD. #1121
2.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME NOSRAT, DELORES A.
STREET ADDRESS 1829 FAIRFAX COURT S
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME V
3.3 STREET ADDRESS NOSRAT, PAUL
3.4 CITY-ST-ZIP 1829 FAIRFAX COURT S.
JACKSONVILLE, FL 32259

TITLE V ☐ DELETE
NAME TAVOUSI, BIJAN
STREET ADDRESS 351 CROSSINGS BLVD #1116
CITY-ST-ZIP ORANGE PARK FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE NOSRAT

Date

Daytime Phone #

4-29-99

(704) 384-4554

CR2E034 (11/98)