

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005476

1. Entity Name

MEGA VIDEO, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90284 024 \*\*\*150.00

Principal Place of Business

Mailing Address

1142 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205  
US

1142 SOUTH EDGEWOOD AVE.  
JACKSONVILLE FL 32236-6953  
US

2. Principal Place of Business

P.O. Box 6953

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6953

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3219560

Applied For

Not Applicable

Zip  
32236

Country  
USA

Zip  
32236

Country  
USA

5. Certificate of Status Desired ☐ -

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
P.O. Box 6953  
Jacksonville, FL 32236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VST  
HAKIM, TOM  
351 CROSSINGS BLVD #1121  
ORANGE PARK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
P.O. Box 6953  
Jacksonville, FL 32236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
NOSRAT, PAUL  
1829 FIARFAX COURT S  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
P.O. Box 6953  
Jacksonville, FL 32236

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
P.O. Box 6953  
Jacksonville, FL 32236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bruce Nosrat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Nosrat

(904) 273-4060

Date

Daytime Phone #

CR2E034 (9/99)