

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005476

1. Entity Name
MEGA VIDEO, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90086 050 ***150.00

Principal Place of Business

PO BOX 6953
JACKSONVILLE FL 32236
US

Mailing Address

PO BOX 6953
JACKSONVILLE FL 32236
US

2. Principal Place of Business

1620 EMERSON STREET

3. Mailing Address

1620 EMERSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number 59-3219560

Applied For

Not Applicable

Zip
32207

Country
USA

Zip
32207

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, 2001 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 P ☐ Delete
NAME NOSRAT, BRUCE
STREET ADDRESS PO BOX 6953
CITY-ST-ZIP JACKSONVILLE FL 32236

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

TITLE VST ☐ Delete
NAME HAKIM, TOM
STREET ADDRESS PO BOX 6953
CITY-ST-ZIP JACKSONVILLE FL 32236

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

TITLE V ☐ Delete
NAME NOSRAT, PAUL
STREET ADDRESS PO BOX 6953
CITY-ST-ZIP JACKSONVILLE FL 32236

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

TITLE V ☐ Delete
NAME TAVOUSI, BIJAN
STREET ADDRESS PO BOX 6953
CITY-ST-ZIP JACKSONVILLE FL 32236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE NOSRAT

Date

Daytime Phone #

CR2E034 (10/00)