

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000005476**

1. Entity Name  
**MEGA VIDEO, INC.**



Principal Place of Business  
**1620 EMERSON STREET  
JACKSONVILLE, FL 32207 US**

Mailing Address  
**1620 EMERSON STREET  
JACKSONVILLE, FL 32207 US**



04242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3219560**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**P  
NOSRAT, BRUCE  
PO BOX 6953  
JACKSONVILLE, FL 32236**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE: *Bruce A* BRUCE NOSRAT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/04**  
Date

**(760) 220-0909**  
Daytime Phone #