

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 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



02262005 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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOSRAT, BRUCE
STREET ADDRESS	PO BOX 6953
CITY - ST - ZIP	JACKSONVILLE, FL 32236
TITLE	VST
NAME	HAKIM, TOM
STREET ADDRESS	PO BOX 6953
CITY - ST - ZIP	JACKSONVILLE, FL 32236
TITLE	V
NAME	NOSRAT, PAUL
STREET ADDRESS	PO BOX 6953
CITY - ST - ZIP	JACKSONVILLE, FL 32236
TITLE	V
NAME	TAVOUSHI, BIJAN
STREET ADDRESS	PO BOX 6953
CITY - ST - ZIP	JACKSONVILLE, FL 32236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/02/05-80012-020 150.00

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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. Nosrat

BRUCE NOSRAT

2/26/05

818-888-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #