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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016006 (6)

1. Corporation Name
NITE FLIX VIDEO AT TIMUQUANA INC.

Principal Place of Business
XXXXXXXXXX XXX
XXXXXXXXXXXXXXXXX

Mailing Address
XXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5676 Timuquana Road	2a. Mailing Address: 26 c/o David A. King, Atty
Suite, Apt. #, etc.: 22 Suite 3	Suite, Apt. #, etc.: 27 1416 Kingsley Avenue
City & State: 23 Jacksonville, FL	City & State: 28 Orange Park, FL
Zip: 24 32210 — Country: 25 U.S.A.	Zip: 29 32073 — Country: 30 U.S.A.

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:
4. FEI Number: 59-3225463 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KING, DAVID A
XXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): Attorney at Law
83 1416 Kingsley Avenue
84 City: Orange Park — FL — 85 Zip Code: 32073

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

TITLE	D
NAME	BHIKHA, BHAGIRATH
STREET ADDRESS	1237 E WILLOW OAKS DR
CITY ST ZIP	JACKSONVILLE BEACH FL 32250
TITLE	D
NAME	BHIKHA, SUNIL
STREET ADDRESS	1237 E WILLOW OAKS DR
CITY ST ZIP	JACKSONVILLE BEACH FL 32250
TITLE	D
NAME	PARAG, JAYESH
STREET ADDRESS	8720 ROLLING BROOK LN
CITY ST ZIP	JACKSONVILLE FL 32256
TITLE	D
NAME	PATEL, DILIP Z
STREET ADDRESS	4605 CONFEDERATE OAK DR
CITY ST ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	PATEL, KANTI A
STREET ADDRESS	3000 CORONET LN APT 128
CITY ST ZIP	JACKSONVILLE FL 32207
TITLE	D
NAME	PATEL, AJIT
STREET ADDRESS	8720 ROLLING BROOK LN
CITY ST ZIP	JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X Dilip Z. Patel — 4/26/95 — 904-771-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dilip Z. Patel, President

0004476 CP