FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000017130 (3)

1. Corporation Name

NITE FLIX VIDEO AT BEACHWOOD INC.

Principal Place of Business	Mailing Address
11757-1 BEACH BOULEVARD JACKSONVILLE FL 32246 US	[illegible] [illegible] [illegible] US

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1994	04/28/1995

4. FEI Number: 59-3225467 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 11757-1 Beach Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ------------------------
City & State 23	City & State 28 Jacksonville, FL
Zip 24 Country 25	Zip 29 32246 Country 30 USA

5. Certificate of Status Desired ☒ $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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KING, DAVID A
[illegible]
[illegible]

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 ______________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BHIKHA, BHAGIRATH	
STREET ADDRESS	1237 E WILLOW OAKS DR	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	☐ DELETE
NAME	BHIKHA, SUNIL	
STREET ADDRESS	1237 E WILLOW OAKS DR	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	☐ DELETE
NAME	PARAG, JAYESH	
STREET ADDRESS	8720 ROLLING BROOK LN	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ DELETE
NAME	PATEL, DILIP Z	
STREET ADDRESS	4605 CONFEDERATE OAK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	☐ DELETE
NAME	PATEL, KANTI A	
STREET ADDRESS	3000 CORONET LN APT 128	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	☐ DELETE
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	D,P	☐ 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 [signature] 4/28/96 (904) 285 5356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ajit Patel, President

CR2E034 (12/95)