FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017136

BETTER HOME ENTERTAINMENT, INC.

FILED									
Mar 09, 1999 8:00 am									
Secretary of State									
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03-09-1999 90056 028 ***150.00



Principal Place of Business Mailing Address						-	JBII) BUIQI 1	1661 16861 1181	AE Ithin ant rest
1530 KINGSLEY	1530 KINGSLEY AVE	SLEY AVE			1				
SUITE 7 SUITE 7						DO NOT WRITE IN THIS SPACE			
ORANGE PARK FL 32073 ORANGE PARK FL 32073 US				3. Date Incorporated or Qualit					
US		00				03/04/1994			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
<u></u>						59-3230222		1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27	27			5. Certifcate of Status Desired		Fee F	Required
City & State	9	- City & State	- City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curren	t year Int	tangible □Yes	Νο
24	25	29 30	Щ.			Personal Property Tax. 10. Name and Address of New Re	nistered		ZNO
	9. Name and Address of Cu	rrent Registered Agent		81 1	Name	10. Name and Address of New Ne	<u> </u>	Agoni	
NORI	MAN P. FREEDMAN								
525 N NEWNAN ST			4	82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
SUITE 7			1	83					
	(SONVILLE FL 32202							ं चित्रसम्बद्धाः	
				84 (City		FL	85 Zip	p Code
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	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re-	gistered A	gent s	gnature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	JERS AN		
TITLE	DP	☐ D€LETE	1.1 TITL						
NAME	HURLEY, KEVIN S.		1.2 NAM		DORESS				\ \
STREET ADDRESS	1530 KINGSLEY AVE				ł				ļ
CITY-ST-ZIP TITLE	ORANGE PARK FL	☐ DELETE	1.4 CITS 2.1 TITL		<u> </u>			Change	e Addition
NAME (HURLEY, LORI		2.2 NAM						J
STREET ADDRESS	1530 KINGSLEY AVE				DDRESS				
CITY-ST-ZIP	ORANGE PARK FL		2. 4 CIT		ļ			-	
TITLE	OTE THE TENT	☐ DELETE	3.1 TITL					Change	e
NAME			3.2 NAM	ΜE					
STREET ADDRESS			3.3 STR	REET AL	DDRESS				Į
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITL	LE				Change	ge Addition
NAME			4 2 NA	ME					l
STREET ADDRESS			4.3 STR	REET AL	DDRESS				Ì
CITY-ST-ZIP			4.4 CIT		ŽIP			Choos	Addition
TITLE		☐ DELETE	5.1 TITL					☐ Chang	e Addition
NAME			5.2 NAN		DOBESS				ļ
STREET ADDRESS			5.3 STR		DDRESS				
CITY-ST-ZIP		☐ DELETE	6.1 TITL		LIF			☐ Change	ge Addition
TITLE		C DECE IE	6.2 NAM					· · · · · · ·	
NAME					DDRESS				ţ
STREET ADDRESS			0.40		710				

14. 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 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 empowers 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, with all other like empowered.

SIGNATURE:

RIJE OF SIGNING OFFICER OR DIRECTOR