FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 1:15
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024200 (5)

1. Corporation Name
NITE FLIX VIDEO AT PONTE VEDRA INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]
1416 KINGSLEY AVE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21 832 AlA North
Suite, Apt. #, etc. 22
City & State 23: Ponte Vedra Beach, FL
Zip 24: 32082 Country 25: U.S.A.

2a. Mailing Address
26 c/o David A. King, Atty
Suite, Apt. #, etc. 27
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3233903 ☐ Applied For ☐ Not Applicable

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
[redacted]

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 85 FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BHIKHA, BHAGIRATH	12 NAME	
STREET ADDRESS	1237 E WILLOW OAKS DR	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE BEACH FL 32250	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BHIKHA, SUNIL	22 NAME	
STREET ADDRESS	1237 E WILLOW OAKS DR	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE BEACH FL 32250	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PARAG, JAYESH	32 NAME	
STREET ADDRESS	8720 ROLLING BROOK LN	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PATEL, DILIP Z	42 NAME	
STREET ADDRESS	4605 CONFEDERATE OAK DR	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PATEL, KANTI A	52 NAME	
STREET ADDRESS	3000 CORONET LN APT 128	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32207	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PATEL, AJIT	62 NAME	
STREET ADDRESS	8720 ROLLING BROOK LN	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	64 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)(i), Florida Statutes. I further certify that the information indicated on the 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 Jayesh Parag 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Jayesh Parag, President

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