

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073208

Entity Name: FLORIDA VIDEO XTRA, INC.

FILED  
Feb 07, 2009  
Secretary of State

## Current Principal Place of Business:

3626 W. VINE STREET  
KISSIMMEE, FL 347414639

## New Principal Place of Business:

3626 W. VINE STREET  
KISSIMMEE, FL 347414639 US

## Current Mailing Address:

3626 W. VINE STREET  
KISSIMMEE, FL 347414639

## New Mailing Address:

3626 W. VINE STREET  
KISSIMMEE, FL 347414639 US

FEI Number: 59-3271770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILPOT, JIMMY  
14106 OAKWOOD COVE LANE  
ORLANDO, FL 328325746 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PHILPOT, JIMMY  
Address: 14106 OAKWOOD COVE LANE  
City-St-Zip: ORLANDO, FL 328325746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: PHILPOT, JIMMY  
Address: 14106 OAKWOOD COVE LANE  
City-St-Zip: ORLANDO, FL 328325746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY PHILPOT

PRES

02/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date