

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

FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000014843 (3)**

1. Corporation Name

**MOVIES, GAMES & MUSIC, INC.**



Principal Place of Business

**1610 N. MYRTLE AVE.  
CLEARWATER FL 34615**

Mailing Address

**1610 N. MYRTLE AVE.  
CLEARWATER FL 34615-2549**

3. Date Incorporated or Qualified

**02/22/1995**

3a. Date of Last Report

**01/26/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

g. Name and Address of Current Registered Agent

**SKALSKI, JOSEPH C ESQ.  
13770 58TH ST. NORTH  
SUITE 303  
CLEARWATER FL 34620**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUGLER, JUDITH</b>	
STREET ADDRESS	<b>1610 N. MYRTLE AVE.</b>	
CITY- ST- ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUGLER, BRAD</b>	
STREET ADDRESS	<b>1610 N. MYRTLE AVE.</b>	
CITY- ST- ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUGLER, RYAN</b>	
STREET ADDRESS	<b>1610 N. MYRTLE AVE.</b>	
CITY- ST- ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUGLER, TODD</b>	
STREET ADDRESS	<b>1610 N. MYRTLE AVE.</b>	
CITY- ST- ZIP	<b>CLEARWATER FL 34615</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-97**

**447-4447**

0443682

CR2E034 (9/96)