

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

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90046 006 \*\*\*150.00

DOCUMENT # P95000014843

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

59-3304138

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

28

Suite, Apt. #, etc.

29

Suite, Apt. #, etc.

30

Suite, Apt. #, etc.

City & State

City & State

Zip 33755 Country

Zip 33755 Country

9. Name and Address of Current Registered Agent

KYSLER, TODD  
413 FEATHES TREE DRIVE  
SUITE 303  
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81 Name

Todd Kysler

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

1610 N. Myrtle Ave

83

84 City

Clearwater

FL

85 Zip Code

33755

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD	<input type="checkbox"/> DELETE
KUGLER, JUDITH	
1610 N. MYRTLE AVE.	
CLEARWATER FL 34615	
VD	<input type="checkbox"/> DELETE
KUGLER, BRAD	
1610 N. MYRTLE AVE.	
CLEARWATER FL 34615	
VD	<input type="checkbox"/> DELETE
KUGLER, RYAN	
1610 N. MYRTLE AVE.	
CLEARWATER FL 34615	
STD	<input type="checkbox"/> DELETE
KUGLER, TODD	
1610 N. MYRTLE AVE.	
CLEARWATER FL 34615	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

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	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-6-99 727 447 4147

CR2E034 (11/98)