

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # P95000076662 (2)

1. Corporation Name

THE MOVIE STATION, INC.

Principal Place of Business

7548 CLOVIS COURT
NEW PORT RICHEY FL 34653

Mailing Address

7548 CLOVIS COURT
NEW PORT RICHEY FL 34653

2. Principal Place of Business

2a. Mailing Address

21 3340 US 19

26 3340 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Holiday FLA.

28 Holiday FL

24 Zip

25 Country

29 Zip

30 Country

24 34690

25 U.S.A.

29 34690

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report
1st Report

4. FEI Number

59-33396-33

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

10. Name and Address of New Registered Agent

SNIPES, MICHAEL J
7548 CLOVIS COURT
NEW PORT RICHEY FL 34653

81 Name

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

83

84 City

FL 85 Zip 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 607.0506, Florida Statutes.

SIGNATURE

Michael Snipes

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
SNIPES, MICHAEL J
7548 CLOVIS COURT
NEW PORT RICHEY FL 34653

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
SNIPES, MICHELE
7548 CLOVIS COURT
NEW PORT RICHEY FL 34653

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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)(k), 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:

Michael Snipes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (813) 849-6066

CR2E034 (12/95)