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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandrá B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	
DOCUMENT 1. Corporation Name	#

P95000091074 (1)

ISLAND VIDEO & SOUND, IN	NO.
Principal Place of Business	Mailing Address
1941 ISLAND WALK WAY STE B FERNANDINA BEACH FL 32034	1941 ISLAND WALK WAY STE B FERNANDINA BEACH FL 32034

<u> </u>	
----------	--

		Marian Address			
Principal Place of	Business	Mailing Address			•
	WALK WAY STE B	1941 ISLAND WAL FERNANDINA BEA			
FERNANDINA	BEACH FL 32034	LEUMANDIAN DEN	OH I'L WEWY	3. Date incorporated or Qualified 3a.	Date of Last Report
				11/28/1995	
		2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place	e of Business	26		59-3343343	Not Applicable
Suite, Apt. #. 6	oto	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2	etc.	27			Fee Required
	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
3]	_	28		Trust Fund Contribution 8. This corporation has liability for intangit	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has fability for intelliging Florida Statutes Yes	lo
4	25	[29]		10. Name and Address of New Registe	ered Agent
	9. Name and Address of Curren	t Hegistered Agent	81 Name	MOLETROUP D DE	UNV
			C	THIS TOPPHER P. DEL	<u> </u>
MILLSA	PS, WALTER S PA	_	82 Street	Address (P.O. Box Number is Not Acceptable)	RAIL
	ST FORSYTH STREET STE 80	0	83		
JACKS	ONVILLE FL 32202				Code - and Code
			84 City 7	ACKBONVILLE	FL 32725
	- Castiana 607 ()603	acil 607 1508, Florida Stat	rutes the above-named co		of changing its registered office
 Pursuant to or registered 	the provisions of Sections 507.050. d agent, or both, in the State of Flora	pa. Such change was autho	rized by the corporation's	orporation submits this statement for the purpose board of directors. Thereby accept the appointment of the purpose PALALIVE PALACIANT	ent as registered agent. Lam
familiar with	and accept the obligation of fire	for 607.0505, Horida Statu	THER O TO	ENNY PHISIDENT	4/30/96
SIGNATURE (USTURET PO	Y GH145101	NOTE BUILD A PROPERTY OF	a manager of metallicen	ATE
***	OFFICE RS. A	DIRECTORS	13.	ADDITIONS CHANGES TO OFFICERS	
12.		[] DELETE	1 1 TiTLE		Change Addition
THILE	D Denny, Christopher P		1.2 NAME		
NAME	359 SILENT BROOK TRAIL		1.3 STREET ADDRESS		
STREET ADDRESS	JACKSONVILLE FL 32225		14 CHY - ST - ZIP		
CHTY - ST - ZIP TITLE	THOUSOLASIERE LE SERES		2 1 NT, f		Change Addition
	n	DELETE	2 1 11114		Change Addition
1	D DECEMBER COECUDY S	DELETÉ	2 2 NAME		
NAME	HURLEY, GREGORY S	DELETE			
NAME STREET ADDRESS	HURLEY, GREGORY S 839 MARY STREET		2.2 NAME		
NAME STREET ADDRESS CITY+ST_ZIP	HURLEY, GREGORY S		2.7 NAME 2.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HURLEY, GREGORY S 839 MARY STREET	32034	2 ? NAME 2 3 STHEET ADDRESS 24 CITY ST-ZIP		
NAME STREET ADDRESS CITY-ST ZIP TITLE NAME	HURLEY, GREGORY S 839 MARY STREET	32034	2 / NAME 2 3 STHEET ADDRESS 2 4 CHY ST-ZIP 3 1 TILLE		
NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS	HURLEY, GREGORY S 839 MARY STREET	32034	2 2 NAME 2 3 STHEET ADDRESS 24 CITY ST-ZIP 3 1 THE 3 2 NAME		☐ Change ☐ Addition
NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP	HURLEY, GREGORY S 839 MARY STREET	32034	2 2 NAME 2 3 STHEET ADDRESS 24 CITY ST-ZIP 3 1 TILLE 3 2 NAME 3 3 STHEET ADDRESS		☐ Change ☐ Addition
NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE	HURLEY, GREGORY S 839 MARY STREET	32034 DELETE	2 2 NAME 2 3 STREET ADDRESS 24 CITY ST-ZIP 3 1 TILLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIF		☐ Change ☐ Add-tion
NAME STREEL ADDRESS CITY-ST ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	HURLEY, GREGORY S 839 MARY STREET	32034 DELETE	2 2 NAME 2 3 SHRET ADDRESS 24 CITY ST-ZIP 3 1 TILLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIF 4 1 TITLE	S	☐ Change ☐ Add-tion
NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREEL ADDRESS	HURLEY, GREGORY S 839 MARY STREET	32034 DELETE	2 2 NAME 2 3 SHRET ADDRESS 24 CITY ST-ZIP 3 1 TILLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIF 4 1 TILLE 42 NAME	S	Change Addition
NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	HURLEY, GREGORY S 839 MARY STREET	32034 DELETE	2 2 NAME 2 3 SHEET ADDRESS 24 CITY ST-ZIP 3 1 TILE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TILE 4 2 NAME 4 3 STREET ADDRESS	S	☐ Change ☐ Add-tion
NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE	HURLEY, GREGORY S 839 MARY STREET	32034 ☐ DELETE	2.2 NAME 2.3 SHREET ADDRESS 2.4 CHY ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP	S	Change Addition
NAME STREEL ADDRESS CITY-ST ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	HURLEY, GREGORY S 839 MARY STREET	32034 ☐ DELETE	2 2 NAME 2 3 SHEEL ADDRESS 2 4 CMY ST-ZIP 3 1 MILE 3 2 NAME 3 3 STHEEL ADDRESS 3 4 CMY-ST-ZIP 4 1 TMLE 4 2 NAME 4 3 STREEL ADDRESS 4 4 CMY-ST-ZIP 5 1 TMLE	S	Change Addition
NAME STREEL ADDRESS CITY-ST ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	HURLEY, GREGORY S 839 MARY STREET	32034 ☐ DELETE	2 2 NAME 2 3 SHEEL ADDRESS 2 4 CMY ST-ZIP 3 1 MILE 3 2 NAME 3 3 STREEL ADDRESS 3 4 CMY-ST-ZIF 4 1 TMLE 4 2 NAME 4 3 STREEL ADDRESS 4 4 CMY-ST-ZIP 5 1 MILE 5 2 NAME	S	Change Addition
NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	HURLEY, GREGORY S 839 MARY STREET	32034 ☐ DELETE	2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST-ZIP 3 1 TILLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIF 4 1 TILLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TILLE 5 2 NAME 5 3 STREET ADDRESS	S	Change Addition
NAME STREEL ADDRESS CITY-ST ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	HURLEY, GREGORY S 839 MARY STREET	32034 DELETE	2 2 NAME 2 3 STHEET ADDRESS 2 4 CITY ST-ZIP 3 1 TILLE 3 2 NAME 3 3 STHEET ADDRESS 3 4 CITY-ST-ZIF 4 1 TILLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TILLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	S	Change Addition
NAME STREEL ADDRESS CITY-ST ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME NAME	HURLEY, GREGORY S 839 MARY STREET	32034 DELETE	2 2 NAME 2 3 SHEEL ADDRESS 2 4 City ST-ZiP 3 1 TILLE 3 2 NAME 3 3 STHEEL ADDRESS 3 4 City-ST-ZiF 4 1 TillE 4 2 NAME 4 3 STREEL ADDRESS 4 4 City-ST-ZiP 5 1 TILLE 5 2 NAME 5 3 SLREET ADDRESS 5 4 City-ST-ZiP 6 1 TILLE	S	Change Addition
NAME STREEL ADDRESS CITY-ST ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	HURLEY, GREGORY S 839 MARY STREET FERNANDINA BEACH FL	32034 DELETE	2 2 NAME 2 3 SIREET ADDRESS 2 4 CITY ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIF 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS	S	Change Addition Change Addition Change Addition Change Addition

-ST-ZIF

I do hereby certify that the information supplied with this filing is votuntarily furnished and does not quality for the exemption in the same legal effect as it made under 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 it made under 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 it made under certify that the information indicated on this annual report or supplied to execute this report as required by Chapter 607, Florida Statutes; and that my name cath; 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 cath; that I am an officer or director of the corporation or this annual report is true and accurate and that my signature shall have the same legal effect as it made under the certification of the corporation or the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name cath; 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 cath, that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the receiver of the receiver of the corporation or the receiver of the receiver