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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091074 (1)

ISLAND VIDEO & SOUND, INC.

Principal Place of Business Mailing Address 1941 ISLAND WALK WAY STE B 1941 ISLAND WALK WAY STE B FERNANDINA BEACH FL 32034-4778 FERNANDINA BEACH FL 32034 3a. Date of Last Report 3. Date Incorporated or Qualified 11/28/1995 05/01/1996 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-3343343 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country $Z_{\rm ID}$ Country 8. This corporation has liability for intaggible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHRISTOPHER DENNY 359 SILENT BROOK TRAIL Street Address (P.O. Box Number is Not Acceptable) **JACKSONVILLE FL 32225** 83 84 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. Hereby accept the appointment as registered agent. Lam directors with, and accept the obligations of, Section 607,0505, Florida Statutes. PRESIDENT . DENNY SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 BILE DENNY, CHRISTOPHER P 1.2 NAME NAME 359 SILENT BROOK TRAIL STREET ADDRESS 1.3 STHEET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 THILE TOTLE 3.2 NAME NAME 3.3 STREET ADDRESS

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 eath; 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 amattachrient with an address.

3.4. CITY-ST-7IP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CITY - S1 - ZIP

4.1 TITLE 4. 2 NAME

5.111116

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

MY 6/26/07

Change

Change

Change

Addition

Addition

Addition

FILED

Jul 01 1997 8:00am

Secretary of State