

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2005 90003 005 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05132005 Chg-P CR2E034 (10/03)

DOCUMENT # S46631			
1. Entity Name N & J VIDEO, INC			
Principal Place of Business D/B/A FRIENDLY FREDDY 5801 62 ND AVE NORTH PINELLAS PARK, FL 33781 US		Mailing Address D/B/A FRIENDLY FREDDY 5801 62 ND AVE NORTH PINELLAS PARK, FL 33781 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3063911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIM, HAN B. 5801 62 ND AVE NORTH PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name Kim, Han B Street Address (P.O. Box Number is Not Acceptable) 4048 JENITA DR City PALM HARBOR FL Zip Code 34685	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE HAN B. KIM DATE 5/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIM, MYONG H 5801 62ND AVE N PINELLAS PARK, FL 33781	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 4048 JENITA DR PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIM, HAN B 5801 62ND AVE N PINELLAS PARK, FL 33781	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 4048 JENITA DR PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		DATE: 5/19/05 (127) 458-9303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

7/15a