

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **S50678**

(9)

1. Corporation Name

FIRST RUN VIDEO, INC.

Principal Place of Business

**3900 TOWN CENTER BLVD.
SUITE 301
ORLANDO FL 32837
US**

Mailing Address

**200 E NWE ENGLAND AVE.
SUITE 301
WINTER PARK FL 32789
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/08/1991

3b. Date of Last Report

04/29/1994

4. FEI Number

59-3113316

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SALTSMAN, ROBERT P.
200 E. NEW ENGLAND AVENUE
SUITE 301
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
SALTSMAN, ROBERT P.
200 E. NEW ENGLAND AVE.
WINTER PARK FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
GOLIC, MICHAEL
3922 HUNTERS ISLE DR
ORLANDO FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VP
HANSEN, KENNETH E.
3910 HUNTERS ISLE DR
ORLANDO FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**ST
GOLIC, CHRISTINE
3922 HUNTERS ISLE DR
ORLANDO FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Hansen**4/25/95 407-857-5591**