Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90072 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$82009

EXCITEN	MENT VIDEO, INC				
Principal Plac	e of Business	Mailing Address		4 (0,6)(0,0) (0,1) (10)(0,1) (0,1) (0,1)	(BIBIN DIB)(BIBIN DIB)(\$181) 1881
8575 S HWY 1792 P.O BOX 941705					
		SUITE 113 MAITLAND FL 32794-1705		DO NOT WRITE IN TH	IS SPACE
		US		3. Date Incorporated or Qualifed	10 01 7102
				09/23/1991	}
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. Box	941705	59-3089797	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		. 27		J. Certificate of Otation Desired	Fee Required
City & Stat	е	City & State	1 (6. Election Campaign Financing	\$5.00 May Be
23		28 Mai+1av	id FL	Trust Fund Contribution	Added to Fees
Zip	Country	21p 29 38794-170536	Codntry	8. This corporation owes the current year	Intangible ☑Yes ☐No
24	9. Name and Address of Curre		1 U.S.M.	Personal Property Tax. 10. Name and Address of New Registers	
	3. Name and Address of Carre	nt registored rigent	81 Name		
Brown, ronald					
8575 S HWY 1792			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 113			83		
MAITLAND FL 32751					an zi- o-de
			84 City	F	L 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent or both, in the State m familiar with, and accept the oblid: Signature, typed or printed name of registered age	(2)	orized by the corporation and the corporation of th		
12.	OFFICERS AI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE .	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, RONALD		1.2 NAME		
STREET ADDRESS	8575 S HWY 1792		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		Change Dyoungs
NAME			2.2 NAME		ĺ
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE		C) DELETE	3.3 TITLE 3.2 NAME		
NAME	·		3.3 STREET ADDRESS		
STREET ADDRESS			3.4. C/TY-ST-Z/P		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
	l	,	62 NAME		

14. 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 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 of 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: &

STREET ADDRESS

CITY-ST-ZIP