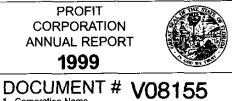
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name P C VIDEO, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90070 029 ***150.00

Principal Place	e of Business	Mailing Address	Mailing Address			, ,						
%FRANK DORS	EY	%FRANK DORSEY				j						
401 E VIRGINIA STREET TALLAHASSEE FL 32303		401 E VIRGINIA STREET				DO NOT WRITE IN THIS SPACE						
		TALLAHASSEE FL 32303				3. Date Incorporated or Qualifed						
						1	1/1992	-			1	
<u> </u>		20 Mailing Address				4. FEI Nu				TAnn	lied For	
	lace of Business	2a. Mailing Address							-		Applicable	
21		Suite, Apt. #, etc.				59-3101376			\$8.75 Additional			
Suite, Apt.:	#, etc.	<u> </u>				5. Certifo	ate of Status Desired		Fee Required			
22		City & State				- 	- Ci Firensina					
City & State	e	<u> </u>	City & State				n Campaign Financing und Contribution		• -	ded to	lay Be	
23	Country	28 7in	Cour	trv.				ment year Int		460 10	1 603	
Zip				,		8. This corporation owes the current year Intangible Personal Property Tax.						
24	25 25 25 Course		<u>30 </u>	_			and Address of New	Registered				
	9. Name and Address of Curre	m Registered Agent		81	Name	TO. IVAINE	and Address of Now	rtegioto.oz				
MTIC	CHELL, CHARLES F			-	11411110							
	W TENNESSEE STREET		ſ	82	Street Add	ress (P.O. Box	Number is Not Accep	table)				
	AHASSEE FL 32303		}	83								
IALL	ANAOOLE NE OZOGO		ł	03							}	
			ŀ	84	City		<u> </u>	FL	85	Zip C	ode	
	to the provisions of Sections 607.05	02 and 607 1508 Florida Statuta	the ab	020	named corr	poration submit	e this statement for the	nurnose of	changir	og its r	egistered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was au	tnonzea	Dy ti	he corporati	tion's board of	lirectors. I hereby acce	ept the appoi	ntment	as reg	istered	
SIGNATURE								_				
SIGNATORE	Signature, typed or printed name of registered age			gent	signature require	red when reinstating)		DATE				
12.	OFFICERS A	OFFICERS AND DIRECTORS 13				ADDITIO	ONS/CHANGES TO O	FFICERS AN				
TITLE	D	☐ DELETE	1.1 TITI	.E					Chi	ange	Addition	
NAME	MITCHELL, CHARLES F	1.2 N		ME							ļ	
STREET ADORESS	4312 W TENNESSEE ST	1.3 S		REET	ADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY		- ZIP							
TITLE		☐ DELETE	2.1 TITI	Ε					Cha	ange	☐ Addition	
NAME			2.2 NAME									
STREET ADDRESS		235		REET	ADDRESS						-	
CITY-ST-ZIP	2.4			Y-ST	r- ž iP		_			_		
TITLE	☐ DELETE 3.1								Cha	ange	☐ Addition	
NAME			3.2 NAJ	ME								
STREET ADDRESS					ADDRESS						İ	
i i	<u> </u>		3.4. CIT		Į						}	
CITY-ST-ZIP		☐ DELETE	4.1 TIT	_					Cha	ange	Addition	
		<u> </u>	4. 2 NA						-			
NAME OTDEST ADDRESS					ADDRESS							
STREET ADDRESS												
CITY-ST-ZiP		☐ DELETE	4.4 CITY		-217				Chi	ange	Addition	
TITLE			5.1 NA							J-		
NAME					ADDRESS							
STREET ADDRESS	·											
CITY-ST-ZIP		Classer	5.4 CIT 6.1 TIT		-217				[] Chi		Addition	
TITLE		☐ DELETE	ı.							any c		
NAME .	-		6.2 NA								Į	
STREET ADDRESS			6.3 STI	REET	ADDRESS							

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: