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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:27

DOCUMENT # V65457 (6)

1. Corporation Name
ORANGE BLOSSOM VIDEO, INC.

Principal Place of Business	Mailing Address
4504 S. ORANGE BLOSSOM TR. SUITE 101 ORLANDO FL 32839	2407 MYRNA STREET ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 09/18/1992
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3145414 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOX, GARRICK N P.A.
2002 E. ROBINSON ST.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 146 EAST ROBINSON STREET
83
84 City: ORLANDO FL 85 Zip Code: 32801

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 of new registered agent, if changed) DATE (Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	VICE PRESIDENT/TREASURER ☑ Change ☐ Addition
NAME	ERICKSON, DAVID C	1.2 NAME	DAVID C. ERICKSON
STREET ADDRESS	2407 MYRNA ST.	1.3 STREET ADDRESS	2407 MYRNA STREET
CITY ST ZIP	ORLANDO FL 32839	1.4 CITY ST ZIP	ORLANDO, FL 32839
TITLE	VPT	2.1 TITLE	PRESIDENT/SECRETARY ☑ Change ☐ Addition
NAME	DAVISON, DONALD E.	2.2 NAME	DONALD E. DAVISON
STREET ADDRESS	2407 MYRNA ST.	2.3 STREET ADDRESS	2407 MYRNA STREET
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	ORLANDO, FL 32839
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 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.

SIGNATURE: Donald E. Davison
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

1-10-1995 (407) 850-0441
Date Telephone Number

DONALD E. DAVISON

0065400 CP