FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021354 (3)

1. Corporation Name
F.M.VIDEO SOLUTIONS, INC.

Principal Place of Business
1625-B METROPOLITAN CIRCLE
TALLAHASSEE FL 32308

Mailing Address
1625-B METROPOLITAN CIRCLE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 2840-E Remington Green Cir.
Suite, Apt #, etc. 22
City & State: 23 Tallahassee, Florida
Zip: 24 32308 County: 25

2a. Mailing Address: 26 2840-E Remington Green Cir.
Suite, Apt # etc. 27
City & State: 28 Tallahassee, Florida
Zip: 29 32308 County: 30

4. FEI Number: 59-3236696 ☐ 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

WILKINSON, BEN H
7273 OX BOW ROAD
TALLAHASSEE FL 32312

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

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	CRUMPACKER, WILLIAM J III
STREET ADDRESS	837 BROOKWOOD DR
CITY ST ZIP	TALLAHASSEE FL 32308
TITLE	SD
NAME	BLANTON, THOMAS M
STREET ADDRESS	1215 BUCKINGHAM DR
CITY ST ZIP	TALLAHASSEE FL 32308
TITLE	PD
NAME	EVERALL, JAMES M
STREET ADDRESS	2123 SPENCE AVE
CITY ST ZIP	TALLAHASSEE FL 32312
TITLE	D
NAME	PALMER, BARBARA J
STREET ADDRESS	1739 KATHRYN AVE
CITY ST ZIP	TALLAHASSEE FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY ST ZIP — ☐ Change ☐ Addition — blank)

M 5/23

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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] W.J. CRUMPACKER III 4/25/95 904.385.7915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0027431 CP