

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90154 037 ***150.00

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1. Entity Name
 MAGNIVISION, INC.



Principal Place of Business
 500 GEORGE WASHINGTON HWY.
 SMITHFIELD, RI 02917 US

Mailing Address
 500 GEORGE WASHINGTON HWY.
 SMITHFIELD, RI 02917 US

50009200



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0419470 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	LAGARTO, BRIAN
STREET ADDRESS	500 GEORGE WASHINGTON HWY.
CITY-ST-ZIP	SMITHFIELD, RI 02917
TITLE	D
NAME	TAYLOR, ALEC
STREET ADDRESS	500 GEORGE WASHINGTON HWY.
CITY-ST-ZIP	SMITHFIELD, RI 02917
TITLE	D
NAME	BLUESTEIN, JARED
STREET ADDRESS	1114 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	D
NAME	HALLISEY, WILLIAM
STREET ADDRESS	1114 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	Vice President / Corp. Controller
NAME	Williams, Mark
STREET ADDRESS	500 George Washington Hwy.
CITY-ST-ZIP	Smithfield, RI 02917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another, like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Williams

3/27/06

Date

(401) 231-3800

Daytime Phone #