


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L14421
 1. Entity Name
SOUTH FLORIDA VIDEO PRODUCTIONS, INC.



Principal Place of Business Mailing Address
C/O KRIS MICHAEL LAHAM **C/O KRIS MICHAEL LAHAM**
1990 N.E. 195 DRIVE **1990 N.E. 195 DRIVE**
N. MIAMI BCH FL 33179 **N. MIAMI BCH FL 33179**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0157439** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LAHAM, KRIS MICHAEL
1990 N.E. 195 DRIVE
N MIAMI BCH FL 33179

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LAHAM, KRIS MICHAEL	
STREET ADDRESS	1990 N.E. 195 DRIVE	
CITY - ST - ZIP	N. MIAMI BCH FL 33179	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	LAHAM, ANDREA JOY	
STREET ADDRESS	1990 N.E. 195 DRIVE	
CITY - ST - ZIP	N. MIAMI BCH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISKIND, ROBERTA LYNNE	
STREET ADDRESS	1990 NE 195 DR.	
CITY - ST - ZIP	NO. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

U00000083913 Change Addition
 03/10/04-80057-016 150.00

12. 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 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 all other like empowered.

SIGNATURE: Andrea J. Laham **ANDREA J LAHAM 214104 3059317018**