


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 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**

**DO NOT WRITE IN THIS SPACE**



01182005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0157439**       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**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAHAM, KRIS MICHAEL 1990 N.E. 195 DRIVE N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LAHAM, ANDREA JOY 1990 N.E. 195 DRIVE N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISKIND, ROBERTA LYNNE 1990 NE 195 DR. NO. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**      1/18/05      305931-7048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #