

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14421

FILED
Feb 17, 2009
Secretary of State

Entity Name: SOUTH FLORIDA VIDEO PRODUCTIONS, INC.

Current Principal Place of Business:

C/O KRIS MICHAEL LAHAM
1990 N.E. 195 DRIVE
N. MIAMI BCH, FL 33179

New Principal Place of Business:

1990 N.E. 195 DRIVE
N. MIAMI BCH, FL 33179 US

Current Mailing Address:

C/O KRIS MICHAEL LAHAM
1990 N.E. 195 DRIVE
N. MIAMI BCH, FL 33179

New Mailing Address:

1990 N.E. 195 DRIVE
N. MIAMI BCH, FL 33179 US

FEI Number: 65-0157439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAHAM, KRIS MICHAEL
1990 N.E. 195 DRIVE
N MIAMI BCH, FL 33179 US

Name and Address of New Registered Agent:

LAHAM, KRIS MICHAEL
1990 N.E. 195 DRIVE
N MIAMI BCH, FL 33179 US

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.

SIGNATURE: KRIS M. LAHAM

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAHAM, KRIS MICHAEL,
Address: 1990 N.E. 195 DRIVE
City-St-Zip: N. MIAMI BCH, FL 33179

Title: DTS () Delete
Name: LAHAM, ANDREA JOY
Address: 1990 N.E. 195 DRIVE
City-St-Zip: N. MIAMI BCH, FL 33179

Title: D () Delete
Name: SISKIND, ROBERTA LYN, NE
Address: 1990 NE 195 DR.
City-St-Zip: N. MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LAHAM, KRIS MICHAEL
Address: 1990 N.E. 195 DRIVE
City-St-Zip: N. MIAMI BCH, FL 33179 US

Title: DTS (X) Change () Addition
Name: LAHAM, ANDREA JOY
Address: 1990 N.E. 195 DRIVE
City-St-Zip: N. MIAMI BCH, FL 33179 US

Title: D (X) Change () Addition
Name: SISKIND, ROBERTA LYNNE
Address: 1990 NE 195 DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA J. LAHAM

DTS

02/17/2009

Electronic Signature of Signing Officer or Director

Date