


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90041 002 ***150.00

DOCUMENT # L89403 1. Entity Name NEW VISION DIGITAL, INC.					
Principal Place of Business 1807 RICHMOND ROAD LAKELAND, FL 33803 US			Mailing Address 1807 RICHMOND ROAD LAKELAND, FL 33803 US		
2. Principal Place of Business 224 LAKE SHORE Drive Suite, Apt. #, etc.		3. Mailing Address 224 LAKE SHORE Drive Suite, Apt. #, etc.			
City & State Polk City, FL		City & State Polk City, FL		4. FEI Number 59-3036910	
Zip 33868		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, GARY E 1807 RICHMOND ROAD LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name EDWARDS, GARY R. Street Address (P.O. Box Number is Not Acceptable) 224 LAKE SHORE Drive City Polk City FL Zip Code 33868		
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 D/A _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME EDWARDS, GARY R STREET ADDRESS 522 HUNTER STREET CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE P NAME GARY R. EDWARDS STREET ADDRESS 224 LAKE SHORE Drive CITY-ST-ZIP Polk City, FL 33868	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					