

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000850

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: LIFE STORY VIDEOS, ARCHIVES AND RESEARCH CORP.

**Current Principal Place of Business:**

2355 SW 30TH TERRACE  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2355 SW 30TH TERRACE  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 41-2089504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BERKE, JULES  
5676 WILLOWCREEK CT  
DELRAY BEACH, FL 33484      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: BERKE, HEATH  
Address: 2355 S.W. 30TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D      ( ) Delete  
Name: OPPENHEIMER, JANNIE  
Address: 2355 S.W. 30TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D      ( ) Delete  
Name: BERKE, JULES  
Address: 5676 WILLOW CREEK CT  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D      ( ) Delete  
Name: ODELL, ROBERT DR.  
Address: 39 FORT ROYAL ISLE  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: D      ( ) Delete  
Name: SNIDERMAN, ROSANNE MS.  
Address: 6000 S.W. 76TH STREET  
City-St-Zip: SOUTH MIAMI, FL 33143 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATH BERKE

DP

06/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date