

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020268

Entity Name: PRO VIDEO SALES, INC.

FILED
Apr 25, 2004
Secretary of State

Current Principal Place of Business:

6600 WEST ROGERS CIRCLE., SUITE 12
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6600 WEST ROGERS CIRCLE., SUITE 12
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 01-0610211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICKLES, BARRY M ESQ
3300 UNIVERSITY DRIVE S#210
CORAL SPRINGS, FL 33065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, JON
Address: 6600 ROGERS CIRCLE #12
City-St-Zip: BOCA RATON, FL 33487

Title: VD () Delete
Name: EVANS, SHARON
Address: 6600 ROGERS CIRCLE #12
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: ADELBERG, KENNETH J
Address: 6600 ROGERS CIRCLE #12
City-St-Zip: BOCA RATON, FL 33487

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON EVANS

PD

04/25/2004

Electronic Signature of Signing Officer or Director

_____ Date