

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139820

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PRO VIDEO SALES - ORLANDO, INC.

**Current Principal Place of Business:**

132 NORTH PRESSVIEW AVENUE  
LANGWOOD, FL 32750

**New Principal Place of Business:**

249 LANCEROAK DRIVE  
APOPKA, FL 32712

**Current Mailing Address:**

132 NORTH PRESSVIEW AVENUE  
LANGWOOD, FL 32750

**New Mailing Address:**

249 LANCEROAK DRIVE  
APOPKA, FL 32712

FEI Number: 20-8935484

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, SUITE 712  
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: P ( ) Delete  
Name: EVANS, JON  
Address: 12501 NW 44TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete  
Name: CAMERON, JEFF  
Address: 132 N. PRESSVIEW AVENUE  
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: D (X) Change ( ) Addition  
Name: BICKWID, SCOTT  
Address: 249 LANCEROAK DRIVE  
City-St-Zip: APOPKA, FL 32712

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: JON EVANS

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date