

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011528

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** DIGITAL VIDEO PROFESSIONALS ASSOCIATION, INC.

**Current Principal Place of Business:**

113 MASTERS LANE  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

113 MASTERS LANE  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 59-3494195      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARLAN, RONALD D  
1683 MIDNIGHT PASS WAY  
CLEARWATER, FL 33765 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: PSTD ( ) Delete  
Name: HARLAN, RODERICK R  
Address: 1456 RIDGELANE CIRCLE SOUTH  
City-St-Zip: CLEARWATER, FL 33755

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

Title: PSTD (X) Change ( ) Addition  
Name: HARLAN, RODERICK R  
Address: 113 MASTERS LANE  
City-St-Zip: SAFETY HARBOR, FL 34695 37

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: RODERICK R. HARLAN

MR.

01/07/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date