

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90044 042 \*\*\*150.00

**DOCUMENT # P98000105568**

1. Entity Name  
**VIDEO DIRECT DISTRIBUTORS, INC.**



Principal Place of Business      Mailing Address

**5450 NW 33RD AVE**      **5450 NW 33RD AVE**  
**110**      **110**  
**FORT LAUDERDALE FL 33309**      **FORT LAUDERDALE FL 33309**



2. Principal Place of Business      3. Mailing Address

**4540 N. FEDERAL HWY**      **4540 N. FEDERAL HWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

**FORT LAUDERDALE, FL 33308**      **FORT LAUDERDALE, FL 33308**

Zip      Country      Zip      Country

**33308**      **USA**      **33308**      **USA**

4. FEI Number      Applied For

**54-1235906**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAZARUS, ROBERT M**  
**5450 NW 33RD AVE**  
**#110**  
**FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **ROBERT M. LAZARUS (SAME)**

Street Address (P.O. Box Number is Not Acceptable)  
**4540 NORTH FEDERAL HWY**

City **FORT LAUDERDALE**      FL      Zip Code **33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST <input type="checkbox"/> Delete
NAME	LAZARUS, ROBERT M
STREET ADDRESS	5450 NW 33RD AVE STE 110
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
STREET ADDRESS	4540 NORTH FEDERAL HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **ROBERT M. LAZARUS, President 3/8/06**      Date **954-492-2192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #