

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 633366</b><br>1. Entity Name<br>CUSTOM VIDEO SERVICES, INC. |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>28 W. FLAGLER ST.<br>305<br>MIAMI, FL 33130 US | Mailing Address<br>28 W. FLAGLER ST.<br>305<br>MIAMI, FL 33130 US |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

04182004 No Chg-P CR2E034 (10/03)

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-1982636                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

STERN, KENNETH  
28 W FLAGLER ST  
SUITE 305  
MIAMI, FL 33130

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when relocating)

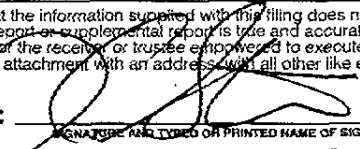
|                                                                               |                                                                                                                        |                                           |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | U00000122937<br>04/21/04-80050-009 150.00 |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                    |                                                            |
|----------------------------------------------------|------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>STERN, KENNETH<br>8550 SW 208TH STREET<br>MIAMI, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>STERN, KENNETH<br>8550 SW 208TH STREET<br>MIAMI, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **KENNETH STERN** 4/19/04 (305) 431-4535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #