2005 LIMITED PARTNERSHIP ANNUAL, REPORT (AR)
DUE BY MAY 1, 2005

SIGNATURE:

FILED Apr 27, 2005 08:00 AM Secretary of State FEB - 4 2005 **DOCUMENT # B96000000187** VIDEO MONITORING SERVICES OF AMERICA, LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 330 WEST 42ND STREET NEW YORK NY 10036 330 WEST 42ND STREET NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State 4. FEI Number ✓ Applied For City & State 13-3889971 Not Applicat Zip Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$335,024.00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P11921 STREET ADDRESS VIDEO MONITORING SERVICES OF AMERICA, INC. NAME STREET ADDRESS 330 WEST 42ND STREET CITY -ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS U00000336193 04/27/05-00113-015-535.00 CITY ST ZIP CITY- 57-71P BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-70P CIPY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ACCRESS CITY-ST-7P CITY ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CHTY-ST ZIP CITY-ST-7IP щ DOCUMENT # STAPL STREET ADDRESS NAME STREET ADDRESS C114-21-316 CITY-ST-ZIP 14. It hereby certify that the information supplied with this filling 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 is true and accurage and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(24329-1781